THE SOCIAL AND REHABILITATION
Record

MIAMI UNIVERSITY LIBRARY

Child Neglect · Cooperative Training · Quality Control · New Books · Research & Demonstrations · Careers · Coordinating Human Services · Sound Activity Program

NOV 4 1974

Yes I can

My most wasted days
were those feeling sorry for myself.
I know where I'm headed now,
and that's a good feeling.

THE SOCIAL AND REHABILITATION
Record

Volume 1, Number 7 July-August 1974

ARTICLES

6 Partners in Improving Rehabilitation Practices — Willman A. Massie
Meetings involve State, Regional, and Federal personnel in successful training effort.

9 Maryland Management Uses QC Findings — William B. Benton, Jr.
Finding errors is only one aspect of Quality Control, how to use the information is the other.

17 Activity Programs for Long Term Care Institutions — Louis Maier
The patient's past activity must be considered in the present situation.

20 New Emphasis on Evaluation for Services Management — Monroe Berkowitz, Ph.D.
Administrators are feeling the "pinch" of Why? What results? What costs? How efficient?

26 Child Neglect: Reaching the Parent — Abraham Levine, Ph.D.
A research study develops a manual for social workers working with neglected children.

28 Coordinating Human Services: A Case Study of an Interagency Network — J. Kenneth Benson, Ph.D. and Joseph T. Kunce, Ph.D.
Why do some agencies "mesh" while others find the process painful?

DEPARTMENTS

4 Regional Report
14 Research and Demonstrations
24 The Administrative File
34 Publications and Films

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Caspar W. Weinberger, Secretary

James S. Dwight, Jr.
Administrator, Social and Rehabilitation Service

Robert A. H. Wilson
Assistant Administrator for Public Affairs

EDITORIAL STAFF

Robin A. Atkiss, Acting Director, Editorial Services
Ron Bourgea, Editor
Anna Krane, Editorial Assistant

Patricia U. Fells, Managing Editor
Thomas Brubeck, Contributing Editor
Margaret Cauthorne, Editorial Assistant

THE SOCIAL & REHABILITATION RECORD is the official periodical of the Social and Rehabilitation Service, HEW. It is published monthly by the SRS Office of Public Affairs. Use of funds for printing was approved by the Office of Management and Budget on February 25, 1972, amended December 4, 1973.

THE RECORD serves as a means of improving the management of human service programs—assistance payments, individual and family social services, medical services, and vocational rehabilitation. As a management tool, the magazine aids professional personnel in State and local agencies, public and private, to carry out their responsibilities more effectively.

Published material may be reprinted; please credit The SOCIAL & REHABILITATION RECORD. Send information copies to the Editor. The magazine is published 10 times a year (combined issues: December-January and July-August). Annual subscription rates are $6.40 (domestic) and $8 (foreign). Subscriptions are payable to the Superintendent of Documents and should be sent to him in care of the Government Printing Office, P.O. Box 1533, Washington, D.C. 20402.

Manuscripts and article suggestions are welcome. Write to: Editor, The Social & Rehabilitation Record, Rm. 5321-South, SRS/HEW, Washington, D.C. 20201, or call (202) 245-2458.

Preventing retardation object of campaign by Pa. agency

"Mothers-to-be: Remember, some drugs can be a danger to unborn children. To avoid this possibility, the State Office of Mental Retardation has this suggestion: If you are pregnant or even think you might be, consult a doctor or clinic before taking any drugs."

This 20-second spot announcement for radio is one of many education spots, feature articles, and other public information materials being released throughout the year by Pennsylvania's Office of Mental Retardation in a campaign to focus attention on preventive action which can dramatically reduce the incidence of retardation.

Materials to be released cover steps to prevent mental retardation, family resources services to assist parents of retarded persons, community living arrangements which help mentally retarded persons to live in the community, the right to education now guaranteed to all mentally retarded children, employment, and recreation and socialization programs.

"A statement was made in Washington 2 years ago that by the end of the century a 50 percent reduction in mental retardation was possible," said Stanley Meyers, who heads the State Office of Mental Retardation. "It is possible to bring about more than a 50 percent decrease in mental retardation in less than half that time if priority is given now to implementing what is already known about prevention of mental retardation and other handicapping conditions."

Meyers said there are about 100 possible causes of retardation and most of these can be prevented. In the agency's education campaign, he told the mass media that decision-makers in the home, at work, at school, in health organizations, and at all levels of government can easily decide to give priority to as many known and available methods of preventing retardation as they wish.

Community assistants help retarded ex-cons adjust on the outside

In Massachusetts, where a parole officer will supervise an average of 100 exconvicts, a program is underway that will match mentally retarded parolees on a one-to-one basis with "community assistants" or advocates.

The program came about because of the lack of training that regular parole officers receive regarding the needs of the mentally retarded persons as well as the limited amount of time they can spend with the exconvicts.

The Massachusetts Community Assistance Parole Program has 40 retarded parolees matched with community assistants. The assistants are trained by the Massachusetts Association for Retarded Citizens in matters concerning mental retardation and community resources which could be useful to the parolees.

The assistants, who get a weekly stipend of $15, make two contacts per week with their parolees. They arrange for services in the community and help integrate the parolee to his immediate neighborhood. The community assistants have a $200 purchase-of-service fund to procure necessities or intervene in a crisis situation.

The first community assistant spent two nights searching Boston for a parolee who ran away from his home situation. He secured the parolee's placement in a halfway house and then arranged for another halfway house when the first one proved unsatisfactory. The assistant appeared in court to plead for his parolee after an arrest, procure purchase-of-service money to help the transition from one job to another, and he served as a friend to the parolee undergoing the normal culture-shock occurring to many persons recently released from prison.

The problems are described as frustrating and time-consuming. But the project's first client is still in the community and has survived crises which under other circumstances could have put him back in prison.

Counselors trained in translating tests

West Virginia Rehabilitation Research and Training Center of Morgantown, W. Va., has produced a guide for counselors on administering and interpreting psychological tests for handicapped people.

A notebook-sized kit, which has a text and nine cassettes, is titled, "How To Select, Administer, and Interpret Psychological Tests: A Guide for the Rehabilitation Counselor." Dr. Joseph Moriarty, director of R & T, said the purpose of the guide is to enable a counselor to translate psychological test data. For example, said Dr. Moriarty, if he knows a person's IQ, achievement scores, aptitude scores, and vocational interest scores, what does this mean? How does the counselor translate the data into a meaningful rehabilitation for the handicapped person?

When a trainee begins the program he takes a pre-test contained in the textbook. If he exceeds a certain score, he already knows the basic principles of testing which the text covers, and he is advised to review

only the last portion of the program.

There is a kit of tests useful to the counselor, and the cassettes "program him through the specific administration and scoring" of the tests.

Rehabilitation agency adds mobility section

A mobility barriers section has been established by the California Department of Rehabilitation. Alan Nelson, the agency director, said that increased activity resulting from recent federal and State laws about the elimination of architectural and mobility barriers have made it necessary to set up the special section.

The new office will be a focal point for information about laws and matters concerning architectural barriers. It will provide consultation to the construction and building industry in helping to make buildings accessible to the physically handicapped, and the office will work with property owners, architects, buildings officials, designers, contractors, and city and county government officials.

Mobility barriers are those impeding mobility, such as buses which are inaccessible to the handicapped. An architectural barrier is a built-in obstacle that denies accessibility or use of a facility. They include steep steps, high curbs, heavy and revolving doors, doors too narrow for wheelchairs, toilet facilities that will not admit wheelchairs, and pay phones and drinking fountains installed too high for a person in a wheelchair to use.

Education aimed at foreman of retarded

The problems that some mentally retarded persons have in adjusting to jobs has led a placement representative of the California Department of Rehabilitation to develop educational material about their peculiar problems.

Bruce MacKinnon of the Stockton district office believes the problem is more with the foreman than with the worker, and his material is geared to employers and supervisory personnel.

The educational package makes up a 3-hour seminar on how employers can work successfully with retarded workers. He uses a slide show by a vocational rehabilitation counselor to explain how the agency rehabilitates a handicapped person.

After explaining how to work with a retarded person, MacKinnon shows a film titled, "Jobs Well Done," which describes the Federal Government's experience in hiring retarded workers. The rest of the time is spent answering questions.

MacKinnon takes the worker along from the time he comes on the job through the probationary period. He recommends that the person who supervises the retarded worker also take part in the initial job interview.

His first presentation was at Tracy Defense Depot to 24 top-line supervisors and military executives, and several other federal agencies have asked him to put on the seminar.

Spinal cord injured surveyed in Arkansas

A survey has begun in Arkansas to identify everyone who has a spinal cord injury, including children afflicted with spina bifida.

Participating with the task force are the Voluntary Action Centers located throughout the State and the Arkansas League for Nursing. The actual count of persons with spinal cord injuries will be done by the Voluntary Action members who include a chairman from the FAC Center in each county and representatives of the Public Health Service, the Extension Service, and the Arkansas National Guard.

The data they collect will be entered on a questionnaire: name, address, age, sex, and type of injury. The completed questionnaires will be sent to the Division of Rehabilitation Services' Spinal Cord Injured Project.

The information will enable the division to compile a registry of the spinal cord injured. The registry will be available to special counselors of the Rehabilitation Service to determine whether they are in need of rehabilitation services.

Vermont VR Division issues pamphlet for the French-speaking

Vermont's Vocational Rehabilitation Division (VRD) has issued a consumer publication entitled, *Le Programme du Vermont, Vocational rehabilitation—La Rehabilitation Est L'Affaire de Tout Le Monde.* The last part of the title—the subtitle—means: Rehabilitation is a service for all the people. The pamphlet was felt to be necessary to reach the State's large population of French-speaking American citizens.

In addition and in consideration of linguistic problems and cultural differences, an advisory committee of French-speaking citizens works with the VRD on an ongoing basis. The committee supervised the preparation of the pamphlet, enlisting the help of the St. Baptiste Society. The latter will call upon its many chapters throughout the State to distribute the pamphlet and to aid in case finding.

Partners in Improving Rehabilitation Practices

WILLMAN A. MASSIE

Many social and rehabilitation programs that provide services to people involve a relationship between States and the Federal Government. The nature and extent of this relationship can have a substantial impact on program effectiveness.

This article describes how SRS's Rehabilitation Services Administration (RSA), in cooperation with State rehabilitation agencies, developed an effective method for the production of staff development materials that has been in operation for 27 years. But first a brief background of the vocational rehabilitation program will set the stage for a discussion of the evolution and accomplishments of this mutually beneficial endeavor.

Program Background

The primary objective of the State-Federal program of vocational rehabilitation, authorized in 1920, is to provide services to handicapped persons to prepare them for employment.

Services offered by the State rehabilitation agencies include comprehensive evaluation; medical study and diagnosis; counseling; medical, surgical, and hospital services; prosthetic and orthotic services; training services; services in comprehensive or specialized rehabilitation facilities; maintenance and transportation (as appropriate during rehabilitation); placement; reader services for the blind; and interpreter services for the deaf. The State rehabilitation agencies utilize a wide range of community resources to assist in these services provisions.

The key in this process is the counselor who assists the client to analyze his problems and needs. Together, they plan a program that will lead to a productive, satisfying occupation.

Cooperative Relationship: IRI

The cooperative work activity which brings together personnel from the State agencies, the RSA, voluntary agencies, and selected Research and Training Centers is presently called the Institute on Rehabilitation Issues. Study groups from these agencies work on topics of common concern. After exhaustive deliberations in prime study groups and presentation of the material for discussion at the annual meeting, the material is published and widely distributed. From 1962 to 1973, the activity was called the Institute on Rehabilitation Services and from 1947 to 1962, the Guidence, Training, and Placement Workshops.

In 1957, 10 years after the first workshop was held, Mr. L. T. Johnston of the Texas Rehabilitation Commission summarized the nature and scope of activities in the early years and the rationale for the workshops.

"In 1947, a small group of rehabilitation workers met in Memphis to plan a workshop for new guidance, training, and placement supervisors.

"The first workshop met in Washington, D.C. in December, 1947, with representatives from 17 States. It was originated because several State agencies have made provisions in their organization for a position to give technical assistance to operating or 'line' personnel in the areas of guidance, training, and placement.

"Since this was the first opportunity for calling these individuals together as a separate group, the workshop was planned for exploratory and orientation purposes. Specifically, its objectives were to discuss 1) principles and methods for carrying on special projects for the improvement of standards in the areas of interest and 2) procedures for use in putting improved standards into effect."

Seventeen State agency personnel and 10 staff people from the Office of Vocational Rehabilitation participated in the first workshop. Interest in these workshops is marked by a steadily increasing number of attendees. One hundred and twenty-five persons from 33 States attended the Third Workshop in 1950. By 1953, 56 State agencies participated. Approximately 200 persons were present at New Orleans in 1973.

Early Methodology

The State supervisors of guidance, training, and placement selected topics that warranted careful study and explored the topic in depth by means of small work groups.

A review of topics studied during the first 15 years reflects the wide ranging areas of concern: staff development, eligibility, placement, psychological services, research, independent living, small business enterprises, community organization, occupational information, severely disabled, rehabilitation training, services to the homebound, and rehabilitation of the mentally disturbed. The reader will recognize most of these topics as legitimate areas of concern today. They were addressed in the context of their time in propositions for innovations or ameliorations applicable in their setting.

Institute on Rehabilitation Services

In 1962, following a review of the experiences of the Guidance, Training, and Placement Workshop, a decision was made to involve universities as sponsors of prime study groups in order to broaden the scope for ideas. The federal office continued to provide a staff person to coordinate numerous activities associated with the workshops.

The second decision was to change the name to the Institute on Rehabilitation Services. Travel expenses of prime study groups and publication costs were paid from training funds allocated by RSA; however, the State agencies paid for staff travel of persons attending the annual meeting to hear the presentations of prime study groups and to contribute ideas and experiences which could be incorporated in final publications.

Institute on Rehabilitation Issues

In 1973, an ad hoc committee reviewed the work of the Institute on Rehabilitation Services and suggested additional changes. A new source of funding for the Institute was arranged; the focus of the activity was broadened; a new name was selected; and three vocationally oriented Research and Training Centers were selected as sponsors of prime study groups. The Centers were selected due to their familiarity with the Institute, their affiliation with the State-Federal program of vocational rehabilitation, and their continuing interest in training and research and the utilization of research findings.

Under this new arrangement, five Institute purposes were stated: 1) to identify and study State-Federal vocational rehabilitation issues and problems that are barriers to optimal services; 2) to develop recommended solutions to such problems, to achieve greater program and management efficiency; 3) to develop recommended quality control standards; 4) to develop more effective delivery of services; and 5) to develop and carry out appropriate initiatives necessary to promote the implementation and utilization of the findings, recommended solutions, and standards.

The primary source of funding for the annual planning committee meeting and the work sessions of the prime study groups come from three vocationally oriented Research and Training Centers that are supported by SRS. The State agencies continue to pay the travel expenses of personnel, other than prime study group members, who participate in the annual meeting.

Current Methodology

The annual cycle begins with a memorandum from the RSA Commissioner to the Associate Regional Commissioners of Rehabilitation Services. They are asked to take these actions: 1) Write to the State rehabilitation agencies in their Region asking for recommendations of issues to be explored by prime study groups; 2)

determine the State agency person who will represent the Region on the Planning Committee; and 3) designate the Regional Office person to be on the Planning Committee. On a rotational basis, each year three Regional Offices designate a staff person to serve on the committees.

The President of the Council of State Administrators of Vocational Rehabilitation appoints two persons. Remaining members include the general chairman who is always a State agency person, the immediate past general chairman, the chairmen of the three prime groups, and a representative from each Research and Training Center that will sponsor a prime study group.

The Institute Coordinator comes from the RSA. In cooperation with the general chairman, the coordinator is responsible for the planning committee meeting, assistance in the formulation of prime study groups, the annual meeting, and distribution of publications.

The planning committee members select the topics and suggest names of persons with expertise in the subject areas who may be asked to serve as a member of a prime study group.

Normally, each study group meets twice before the annual spring meeting. Each meeting lasts 3 to 4 days. The chairman of each study group and the university sponsor have primary responsibility for the planning and conduct of all meetings of their groups. Each member is given a writing assignment at the first meeting which he presents at the second meeting. Approximately 2 weeks before the annual meeting, the study group draft material is sent to each person in the State agency who will be attending the annual national meeting.

The annual meeting provides a forum for each prime study group to present its material, to answer questions, and to encourage input from other participants. Following these discussions, the publications are revised, reproduced, and distributed.

Studies for the 1974 cycle included "services to the severely disabled," "measurement of outcomes," and "assessment of counselor performance." These topics are, of course, crucial at this time in view of the new Rehabilitation Act of 1973 and the continuing emphasis being placed on project evaluation and professional functioning.

Value of Workshops

The greatest impact of these workshops has been through the direct efforts of the hundreds of State rehabilitation workers who have served on prime study groups. In their staff training programs, in their manuals of casework, in their testing programs, in their daily contacts with directors, supervisors, and counselors, they have communicated to literally thousands of others the techniques, the procedures, and the ideas developed in the course of the workshops.

The deliberations of work groups provided basic resource material which was helpful to State agencies as they initiated programs for the mentally retarded, the mentally ill, and the homebound.

Proceedings have been widely circulated. Frequently the demand has exceeded the supply, as these publications have become widely recognized as valuable resource material in numerous phases of the rehabilitation process.

Inasmuch as the material on certain subjects was developed over a period of years, arrangements were made to consolidate the material on a specific subject. These publications have resulted from this endeavor: *An Introduction to the Vocational Process,* edited by Dr. John F. McGowan; *The Placement Process in Vocational Rehabilitation,* edited by Dr. Bruce Thomason and Dr. Alfred Barrett; *The Mentally Retarded and Their Vocational Rehabilitation,* edited by Dr. William Frankel; *Handbook on Small Business Enterprises,* edited by Dr. Wade O. Stalnaker; and *Supervision in State Rehabilitation Agencies,* edited by Dr. Clayton Morgan.

Miss Mary E. Switzer, former Administrator of SRS and former Commissioner of OVR, VRA, and RSA, observed that "The workshop, which has become an annual tradition, provides the opportunity to discuss problems of mutual interest and new developments in our rehabilitation program."

The Institute is an excellent illustration of the way State people and the Federal people can work together in harmony with each striving only to help and not to dominate.

Mr. Massie is Coordinator, Institute on Rehabilitation Issues, and he is a member of RSA.

Maryland Management Uses QC Findings

WILLIAM B. BENTON, JR.

". . . Quality Control contains a wealth of data to be used in analyzing problems to arrive at specific causes of errors, rather than the generalities usually settled for in the past. . . . Determining error rates is only the beginning. Good data analysis leads to meaningful corrective action, and this is where the system pays off. Too often . . . States have failed to see the potential of QC as a viable management tool."

These words were written by James S. Dwight, Jr., Administrator, SRS, to David T. Mason, Secretary of Employment and Social Services, State of Maryland. They were occasioned by a paper I presented to the Quality Control Workshop in Philadelphia in February and upon which the following article is based. In his letter, Mr. Dwight pointed out: "The most outstanding quality of this paper was its clear statement emphasizing the need for top management involvement."

Maryland's most recent Quality Control report covers April through September 1973. The results showed 14.7 percent ineligibles, 28.5 percent overpayments, and 10.3 percent underpayments for a total error rate of 53.3 percent.

When I was asked by the State's Secretary of Employment and Social Services what a 53.5 percent error rate meant, I remarked that it was 3.5 percent worse than dumb luck. Our State had the dubious distinction of having the 4th highest error rate in the Nation, behind New York, New Hampshire, and Illinois. Maryland also led Region III.

The report was completed in November and in December 1973, I took charge of the Income Maintenance operations. My charter was threefold: 1) To perform an analysis of the problems in the Income Maintenance System; 2) to develop a plan for eliminating those problems; and 3) to take charge of all Income Maintenance activities.

The Secretary reaffirmed the top priority of the Department as the restoration of public confidence in the State's ability to administer its Income Maintenance programs. The Department also had an added incentive in the language included in its current appropriation. The budget bill enacted by the previous session of the State legislature provided that funds freed-up by reducing error rate or stabilizing caseloads could be utilized to increase grants for the remaining assistance recipients.

The Department had used this language to make a 6.5 percent grant increase on January 1, 1974 and also had received approval for an equivalent increase on July 1, 1974. Thus, in a single year it had raised grants by approximately 13 percent, a rate equivalent to all grant increases for the past 10 years.

I felt that the July and subsequent increases would be jeopardized if we failed to reduce our excessive error rate. In undertaking my assignment, then, I determined that the development of a firm understanding of the problems in Income Maintenance should receive immediate attention.

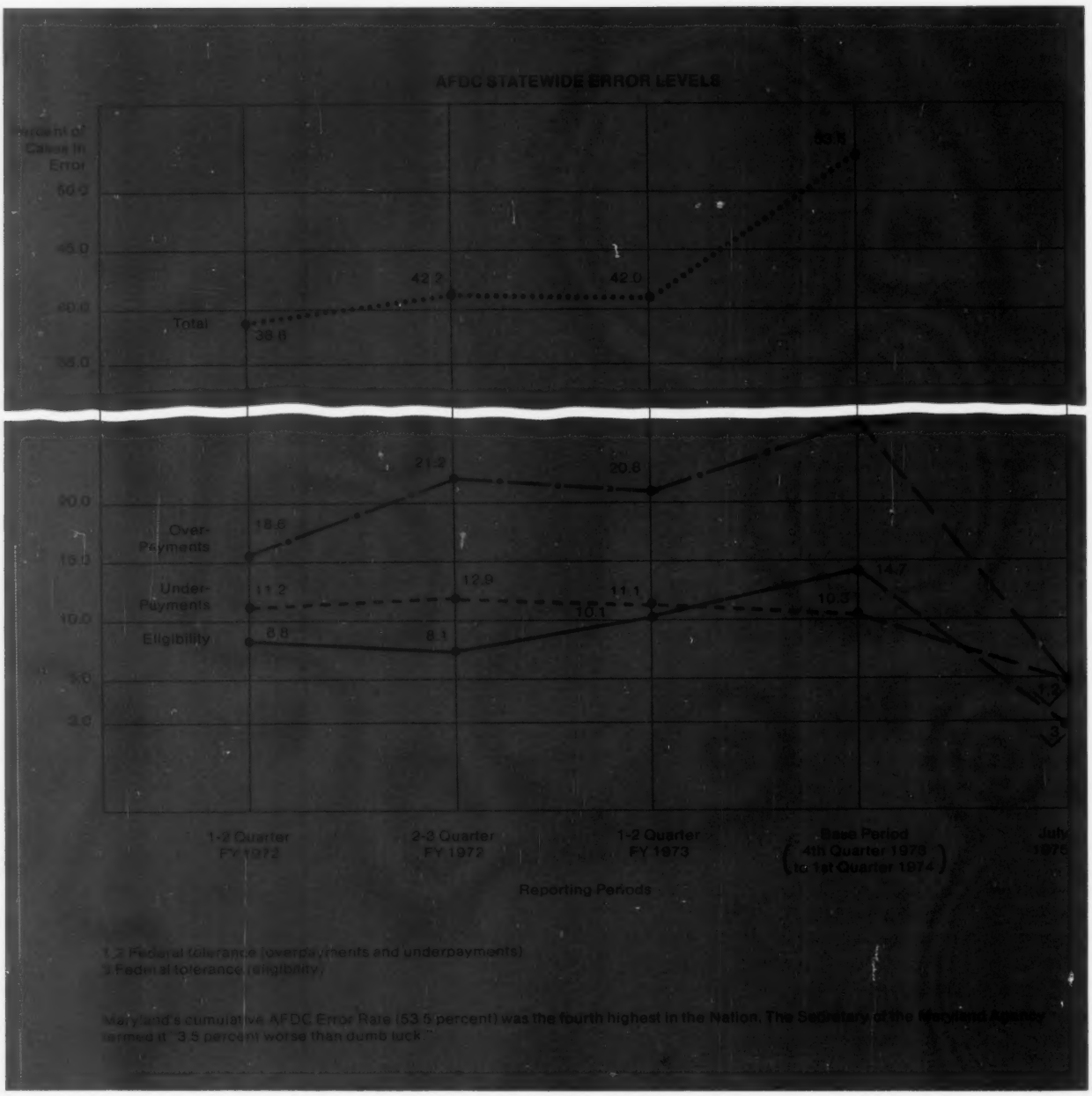
Although the error rate indicated the magnitude of our problems, its resolution needed statement in less global terms. The Quality Control Division was asked to provide an analysis that would break down the errors by type and local department. The analysis showed that the error rate ranged from 100 percent in some local departments to zero in others.

In addition to providing an insight into the nature of the problem, the county breakdown also established some accountability for errors in a State-supervised locally administered system. Individual problem analyses were also developed for each local Department.

Here are some of its findings:

■ Of all errors, 80 percent were made in Baltimore City and Prince George's County.

Five local departments contributed 87.9 percent of all errors, while



Maryland's cumulative AFDC Error Rate (53.5 percent) was the fourth highest in the Nation. The Secretary of the Maryland Agency termed it "3.5 percent worse than dumb luck."

10 contributed 95.2 percent. It made sense, then, for management to focus first priority on Baltimore City and Prince George's County, second on the top 5 jurisdictions, and third on the top 10.

■ Nine causes of agency error constituted 80 percent of all the errors. These included failures to refer to WIN and to establish paternity and support, and errors in basic budgetary allowance calculations.

■ Eight causes of client error constituted nearly 90 percent of all overpayments and ineligibility. These included absence and unreported earnings.

Here, too, priorities needed to be established. There also was a need to dispell the prevailing attitude that the agency had no responsibility for client error. This belief, I felt, was an insidious one, belied by the fact that some local departments performed relatively better than others and that this variation could not be explained away by variance in client attitude.

■ Next to the geographic breakdown, the special analysis' identification of "high risk cases" was most informative. It showed that cases with the following characteristics have a greater likelihood of error: those with continued absence of the father, cases with two adult households, one child families, cases with monthly rents exceeding $100, cases where the adult was either employed or had a history of earnings, and those with gross earnings in excess of $400 per month.

In summary, then, the implications for management are as follows:

Quality Control can provide management with data more useful than just the cumulative error rate.

Quality Control data and the Income Maintenance System have been ignored in Maryland for years. Until the appointment of the present Secretary in November of 1972, Income Maintenance has consistently taken a backseat to social services in the priorities of this agency. Had management acted decisively when the Maryland rate was 35 percent, it would not be 53 percent today!

Nevertheless, deficiencies which have developed over 30 years cannot be wholly remedied in a single year. Quality Control data, therefore, can be useful to management in setting action priorities and also in deferring well-intentioned action which may not be the most cost-effective.

Management Deficiencies

In addition to errors detected through Quality Control, management problems were evident that would inhibit the reduction of errors.

While Income Maintenance in Maryland is a ½ billion dollar a year business, responsible program officials failed to act accordingly. Elementary concepts, such as accountability, planning, and evaluation were missing. There existed no clear line of authority, particularly in Baltimore City, the largest department in the State.

The prevailing management ethic in Social Services gave rise to obscured responsibility, a propensity for meetings, and an avoidance of decisionmaking. As a result, deadlines and target dates had little meaning.

The most frequently cited Statewide deficiencies (vague policy, lack of automation, lack of staff, and inadequate training) are real problems, yet there is a tendency to deal in generalities with regard to these problems rather than utilizing Quality Control data to determine the specific causes of error. Further, Quality Control data indicated that the leading causes of error were not attributable to these generalities. I found that they had become cliches and were too often used as excuses for management action.

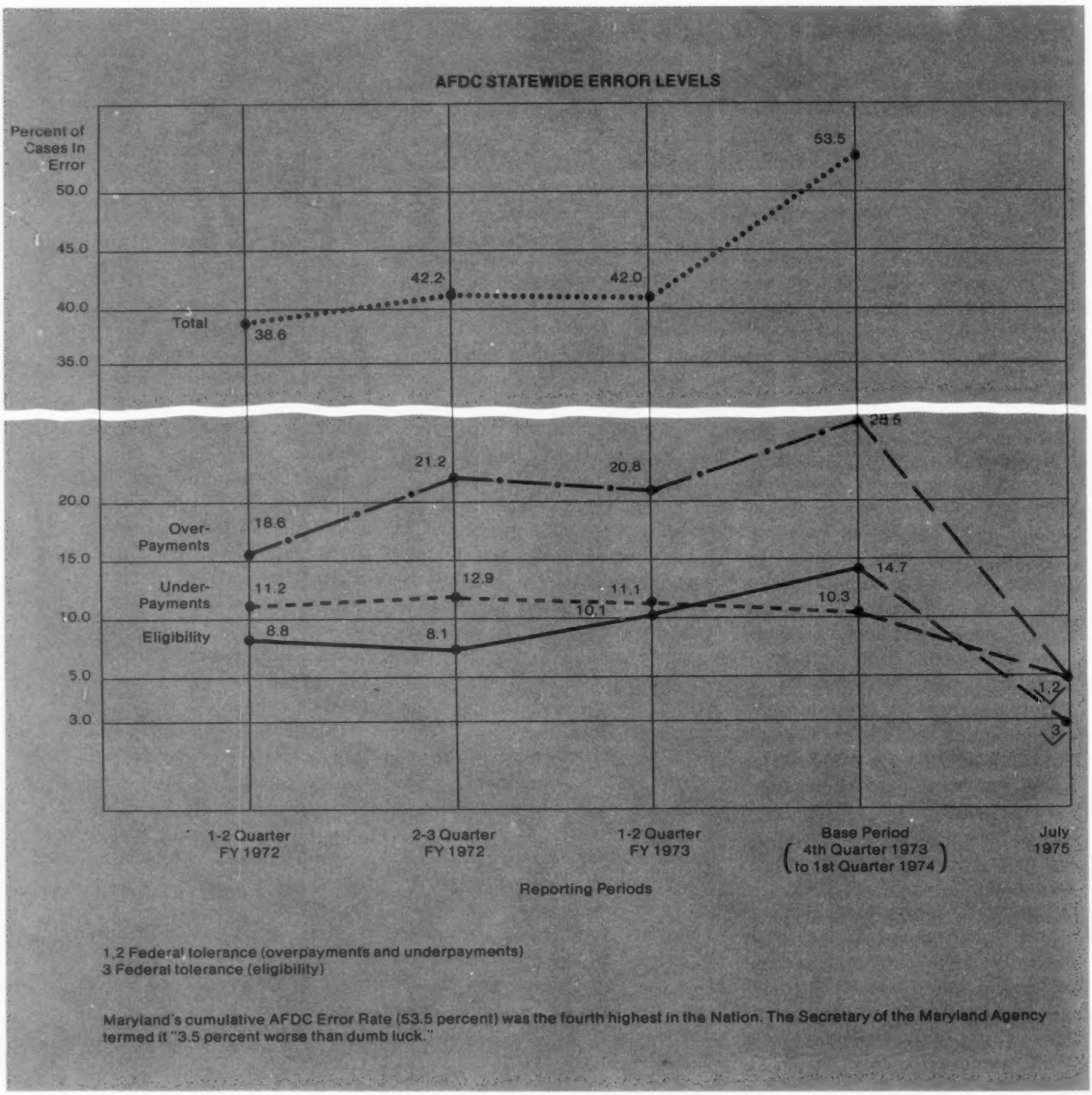
I concluded that the most critical variable in productivity in errors was supervision and, to a lesser extent, critical support.

Plan of Action

The major activities in our overall plan of action are discussed below.

Problem Recognition. The most important factor in problem solution is recognizing that there is indeed a problem. The error rate in Maryland, perhaps fortunately, was sufficiently high to convince all but the most extreme apologists that we indeed have a problem of substantial magnitude and that it requires immediate and decisive action.

Strategy Development. The second activity, undertaken concurrently with the detailed Quality Control problem analysis referred to earlier, was the development of a strategy for attacking the problem. Its purpose was to set out in broad terms a plan of action which served to define



1,2 Federal tolerance (overpayments and underpayments)
3 Federal tolerance (eligibility)

Maryland's cumulative AFDC Error Rate (53.5 percent) was the fourth highest in the Nation. The Secretary of the Maryland Agency termed it "3.5 percent worse than dumb luck."

10 contributed 95.2 percent. It made sense, then, for management to focus first priority on Baltimore City and Prince George's County, second on the top 5 jurisdictions, and third on the top 10.

- Nine causes of agency error constituted 80 percent of all the errors. These included failures to refer to WIN and to establish paternity and support, and errors in basic budgetary allowance calculations.
- Eight causes of client error constituted nearly 90 percent of all overpayments and ineligibility. These included absence and unreported earnings.

Here, too, priorities needed to be established. There also was a need to dispell the prevailing attitude that the agency had no responsibility for client error. This belief, I felt, was an insidious one, belied by the fact that some local departments performed relatively better than others and that this variation could not be explained away by variance in client attitude.

- Next to the geographic breakdown, the special analysis' identification of "high risk cases" was most informative. It showed that cases with the following characteristics have a greater likelihood of error: those with continued absence of the father, cases with two adult households, one child families, cases with monthly rents exceeding $100, cases where the adult was either employed or had a history of earnings, and those with gross earnings in excess of $400 per month.

In summary, then, the implications for management are as follows: Quality Control can provide management with data more useful than just the cumulative error rate.

Quality Control data and the Income Maintenance System have been ignored in Maryland for years. Until the appointment of the present Secretary in November of 1972, Income Maintenance has consistently taken a backseat to social services in the priorities of this agency. Had management acted decisively when the Maryland rate was 35 percent, it would not be 53 percent today!

Nevertheless, deficiencies which have developed over 30 years cannot be wholly remedied in a single year. Quality Control data, therefore, can be useful to management in setting action priorities and also in deferring well-intentioned action which may not be the most cost-effective.

Management Deficiencies

In addition to errors detected through Quality Control, management problems were evident that would inhibit the reduction of errors.

While Income Maintenance in Maryland is a ½ billion dollar a year business, responsible program officials failed to act accordingly. Elementary concepts, such as accountability, planning, and evaluation were missing. There existed no clear line of authority, particularly in Baltimore City, the largest department in the State.

The prevailing management ethic in Social Services gave rise to obscured responsibility, a propensity for meetings, and an avoidance of decisionmaking. As a result, deadlines and target dates had little meaning.

The most frequently cited Statewide deficiencies (vague policy, lack of automation, lack of staff, and inadequate training) are real problems, yet there is a tendency to deal in generalities with regard to these problems rather than utilizing Quality Control data to determine the specific causes of error. Further, Quality Control data indicated that the leading causes of error were not attributable to these generalities. I found that they had become cliches and were too often used as excuses for management action.

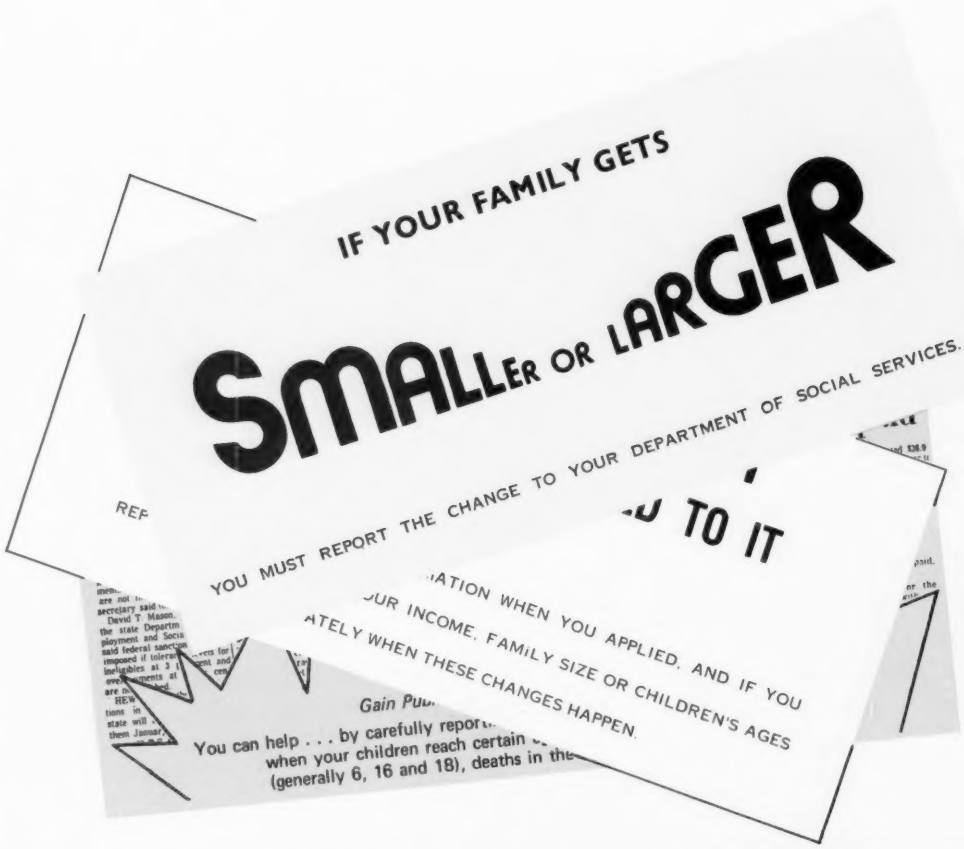
I concluded that the most critical variable in productivity in errors was supervision and, to a lesser extent, critical support.

Plan of Action

The major activities in our overall plan of action are discussed below.

Problem Recognition. The most important factor in problem solution is recognizing that there is indeed a problem. The error rate in Maryland, perhaps fortunately, was sufficiently high to convince all but the most extreme apologists that we indeed have a problem of substantial magnitude and that it requires immediate and decisive action.

Strategy Development. The second activity, undertaken concurrently with the detailed Quality Control problem analysis referred to earlier, was the development of a strategy for attacking the problem. Its purpose was to set out in broad terms a plan of action which served to define


IF YOUR FAMILY GETS
SMALLER OR LARGER
YOU MUST REPORT THE CHANGE TO YOUR DEPARTMENT OF SOCIAL SERVICES.
TO IT
ATION WHEN YOU APPLIED. AND IF YOU
UR INCOME. FAMILY SIZE OR CHILDREN'S AGES
ATELY WHEN THESE CHANGES HAPPEN.
You can help . . . by carefully repor
when your children reach certain
(generally 6, 16 and 18), deaths in the

The State of Maryland has initiated a massive public information program to urge clients to report changes. Above is a sampling of informational material that is sent out with checks. They not only remind the recipient of his rights, but underline his responsibilities as well.

roles and responsibilities and harness the energy generated by problem recognition.

Problem Definition. The detailed analyses of Quality Control and management problems were then communicated to each local department in a report, fixing accountability for problems at the local level.

Local Department Response. Each local department was then requested to respond to the problem definition from 4 perspectives: 1) Adequacy of the problem analysis: Would the problem analysis adequately treat the problems? Would it omit some? Would it raise unreal problems? 2) Suggestions for State action: Local departments were requested to identify *specific* State actions which would alleviate the problem. 3) Local action: Local departments were also requested to identify the specific local actions that they would undertake to solve the problem. And, 4) local departments were requested to provide any other information which had an impact on the income maintenance operation.

Status of State Projects. In January 1973, shortly after his appointment, the Secretary of Employment and Social Services set forth a series of

initiatives to improve the Income Maintenance Program. Too often, however, these projects had languished and accountability for project completion was not defined. A major activity was undertaken to develop program evaluation review technique plans for each project.

Statewide Plan. The Quality Control and management problem definition together with the status of State projects served as the basis for the Statewide Plan. This plan has been presented to all local departments, the Legislature, and other federal and State agencies, and serves as the "NFL Playbook" for State and local staff in defining who is responsible for what and when.

Local Strategy/Plan. The field supervisors were identified as the key to implementing the State Plan. It is their job to develop a strategy for implementing the plan in every local department, and they are accountable for a reduction in errors in those jurisdictions.

The field supervisors are, in a sense, the "Henry Kissingers" of the Department since they negotiate agreements between the State and local departments for resources, action, and most importantly, results. Their job beyond this initial period is one of followup, technical assistance, and monitoring.

Quality Control Case Review. The most critical element in followup is the individual Quality Control case review.

Shortly after the release of the Quality Control Report, there was a hue and cry by certain local departments that Quality Control was in error and that the findings themselves were deficient. But I put my money on the Quality Control System. This outcry was informative, however, from several perspectives:

- It indicated that local departments were paying attention to Quality Control findings, many for the first time, since there had been no comparable outcry in any prior period. This demonstrates that findings will become important to all parties concerned when it is clear that they will be used as a basis for management action.
- The results of the most recent 6-month period were not too much different from the prior period with the exception of WIN as a source of error. It was clear, then, that local departments had not taken it upon themselves to resolve Quality Control findings which would indicate that the problems cited in prior periods were, in fact, not corrected.
- Quality Control is not infallible. There are instances where an error is found that is really not an error. It is just as important to reduce non-errors as it is to reduce errors since both are counted with equal weight. It is also important to make these adjustments prior to the close of a reporting period. Responsibility for this issue resolution rests with the local director, working through the field supervisor.

Corrective Action. Here is a simple listing of the major components of the Maryland plan: Automation of the eligibility process; reconstitution of the corrective action executive panel; development of a flat grant; forms and procedures simplification; accelerated training; development of an automated screening system for unreported income; issuance of photo ID cards; complete separation of eligibility from services; development of an Income Maintenance career ladder; establishment of an Income Maintenance Investigative Unit in the State Police Department (Fraud Squad); expansion of the Cooperative Reimbursement Program with State's Attorneys and other law enforcement officials to secure reimbursement from absent parents; establishment of Absent Parent Locator Unit; implementation of the Bendex System; implementation of an on-line Medicaid eligibility system; and automation of the central registry of the absent parents.

Evaluation. A principal feature of the Maryland plan is a major evaluation of the progress being made in Income Maintenance. The key component will be the 6-month quality control review. At that time, the plan will be reassessed in terms of its effectiveness.

In these terms, then, the Quality Control System becomes the scoreboard to determine whether or not progress is being made. We look to that scoreboard in the future to *show* the results of an agressive effort in reducing Maryland's error rate in AFDC eligibility.

Mr. Benton is Assistant Secretary, Maryland Department of Employment and Social Services.

Research and Demonstrations

In some instances recent project reports can be obtained from the grantee (addresses given below). When the report is not available from the grantee, it may be purchased from the National Technical Information Service, Springfield, Virginia 22151. Remittances should accompany orders; prices are $3 for hard cover and $.95 for microfiche copies.

THE EFFECTS OF COST-SHARING IN THE MEDICAID PROGRAM. (18-P-56651) Temple Univ. of the Commonwealth System of Higher Education, Philadelphia, Pa. 19122. 28 pages.

HUMAN NEEDS ASSESSMENT OF THE FIRST PLANNING AND DEVELOPMENT DISTRICT SOUTH DAKOTA. (12-P-55877) Institute of Social Sciences for Rural-Urban Research and Planning, South Dakota State Univ., Brookings, S.D. 127 pages.

PLANNING AND IMPLEMENTATION OF A CONFERENCE SERIES ON REHABILITATION OF THE DISABLED AND DISADVANTAGED: EMPHASIZING RESEARCH UTILIZATION IN SERVICE DELIVERY. (22-P-55139) Univ. of Alabama in Birmingham, Rehabilitation Research and Training Center, University Station, Birmingham, Ala. 35294. 40 pages.

REDUCING ECONOMIC DEPENDENCY AMONG WELFARE RECIPIENTS. (15-P-55140) Regional Rehabilitation Research Institute, Univ. of Florida, Gainesville, Fla. 32610. 61 pages.

A STUDY OF SPINAL ORTHOTICS IN IDIOPATHIC SCOLIOSIS. (23-P-55185) 67 pages.

INTERPRETERS FOR DEAF PEOPLE: SELECTION, EVALUATION, AND CLASSIFICATION. (14-P-55400) Institute for Research on Exceptional Children, Univ. of Illinois, Urbana-Champaign, Ill. 31 pages.

LOS ANGELES SERVICE TO THE HOMEBOUND. (12-P-55485) Industrial Rehabilitation Services, Inc., 1400 Newton St., Los Angeles, Calif. 90021. 36 pages.

APPLICATION OF THE EXERCISE ECG TO THE REHABILITATION OF CARDIAC PATIENTS. (13-P-55113) 167 pages.

A PLANNING DEMONSTRATION OF SRS SERVICES FOR THE CHICANO POPULATION. (8-P-55938) National Chicano Social Planning Council, Inc., 425 West Hedding St., San Jose, Calif. 95110. 64 pages.

ARKANSAS STUDIES IN VOCATIONAL REHABILITATION—SERIES I—MONOGRAPH II: A REPORT ON REHABILITATION FACILITY CLIENT OUTCOME. (12-P-56812) Arkansas Rehabilitation Research and Training Center, Univ. of Arkansas, Arkansas Rehabilitation Service. 110 pages.

The following reports were prepared by the Minnesota Systems Research, Inc., 2412 University Ave., S.E., Minneapolis, Minn. 55414. The research was supported, in part, by SRS grant 22-P-55936.

SYNTHESIS OF LITERATURE REVIEW ON EVALUATION OF RESEARCH QUALITY. (No. 1.) 30 pages.

EVALUATION OF THE TECHNICAL QUALITY OF RESEARCH—ANNOTATED BIBLIOGRAPHY. (No. 2.) 34 pages.

EVALUATION TOOLS FOR METHODOLOGICAL CHARACTERISTICS OF SOCIAL RESEARCH (No. 3) 350 pages.

DESCRIPTIVE PROFILE OF RATERS (No. 4) 33 pages.

PAIRWISE DIFFERENCES IN RATING BETWEEN JUNIOR AND SENIOR RATERS (No. 5) 48 pages.

DIFFERENCES IN JUNIOR-SENIOR RATER PERSPECTIVES (No. 6) 34 pages.

ANALYSIS OF RATER VARIANCE (No. 7) 23 pages.

SUMMARY OF FINDINGS ON MAIN SAMPLE (No. 8) 16 pages.

ANALYSIS OF ADEQUACY OF PROJECT DOCUMENTATION FOR R&D PROJECTS (No. 9) 24 pages.

MOST FREQUENTLY OCCURRING METHODOLOGICAL SHORTCOMINGS IN R&D PROJECTS (No. 10) 49 pages.

TECHNICAL QUALITY EVALUATION OF CONTRACTS vs GRANTS (No. 11) 27 pages.

METHODOLOGICAL ADEQUACY RELATED TO LEVEL OF FUNDINGS AND DURATION (No. 12) 48 pages.

SUMMARY OF FINDINGS (No. 13) 29 pages.

The following reports on research in education may be ordered from ERIC Documentation Reproduction Service, Post Office Drawer O, Bethesda, Md. 20014. Microfiche (MF) copies are $.65 each. Hard copies (HC) are $3.29 each for reports of 1 to 100 pages; $6.58 each for reports of 101 to 200 pages; $9.87 for reports of 201 to 300 pages; and $3.29 for each additional 100 pages or portion thereof. Order by accession number (in parentheses) and make checks payable to EDRS. Official institution, State and Federal Government, and company purchase orders are accepted.

ORANGE COUNTY DROPOUT PREDICTION STUDY. (ED075729) Orange County Dept. of Education, Santa Ana, Calif. 113 pages.

VOCATIONAL INTERESTS OF BLACK COLLEGE WOMEN. (ED075731) Colorado University, Boulder. 17 pages.

THE INFLUENCE OF VOCATIONAL INFORMATION ON THE CAREER DEVELOPMENT OF ELEMENTARY SCHOOL CHILDREN. (ED075733) Prince William County School Board, Manassas, Va. 29 pages.

PERSONALIZING OCCUPATIONAL FREEDOM FOR GIRLS AND WOMEN. (ED075734) Oregon University, Eugene; Rutgers, The State University, New Brunswick, N.J. 48 pages.

DEVELOPMENT AND LEGAL REGULATION OF COERCIVE BEHAVIOR MODIFICATION TECHNIQUES WITH OFFENDERS (ED075739) Harvard University, Cambridge, Mass.; National Institute of Mental Health, Bethesda, Md., Center for Studies of Crime and Delinquency. 97 pages.

COMMUNICATION SKILLS TRAINING. (ED075749) Bradley University, Peoria, Ill., College of Education. 25 pages.

Who put five years of research in these little-bitty cans?

Ordinary Work (1969) . . . *Islands of Understanding* (1972) . . . *On Lok* (1974). These films are concerned with the mentally and physically handicapped, SRS international social and rehabilitation programs, day care centers for minorities. And they are just a few of the SRS funded research projects that have been brought to life as graphic presentations.

Produced for professionals, these films not only summarize research findings; they also explain how to obtain more detailed information.

Years in the making, filmed on location; the films are available on a free-loan basis from the National Audio-Visual Center, Suitland, Maryland 20409. Please see page 34 for a complete list.

Activity Programs for Long Term Care Institutions

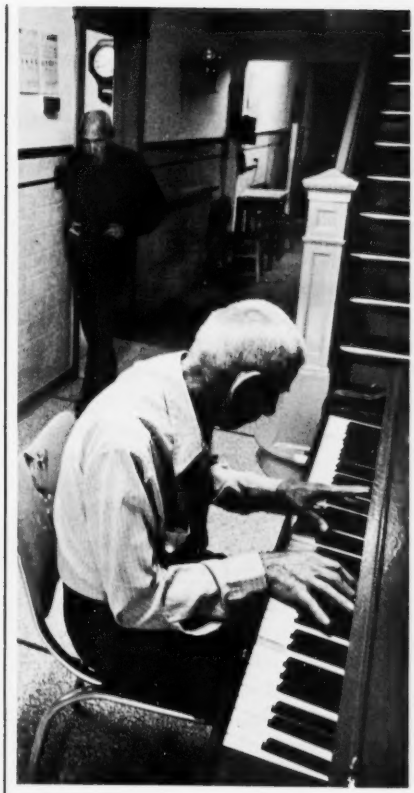
LOUIS MAIER

In identifying what a long term care institution is, differing concepts are common. Nursing homes, homes for the aged, institutions for the retarded, psychiatric hospitals, etc., all fit the description. However, the long term factor may be their only common characteristic. The level of patient awareness, self-care, and social ability, and patient average age varies from institution to institution and within each facility.

In any nursing home, there is a wide range of ability—social, physical, mental. There is the young woman with multiple sclerosis, the mentally alert stroke patient, the automobile accident victim, the amputee, and the confused older resident. Other long term care institutions may have a different patient "mix." However, all of them share a major problem: how to best plan programs and activities that consider the different abilities and disabilities, varied interests, skills and backgrounds, life styles, and levels of motivation. These differences make activity planning difficult, but not impossible. Not infrequently, these differences provide a ready excuse for doing very little.

The fact that Medicare and Medicaid regulations require activity programing indicates that the need is recognized. Too often, however, a facility staff may wish to institute such a service but not know how to go about it efficiently and effectively. As a result, the program is downgraded in the level of priorities; its performance becomes ritualistic rather than innovative or meaningful or it never gets "off the ground." Observers of these institutions will notice a withdrawal from activities programs on the part of the resident, generally resulting from one of these factors: 1) the resident is reluctant and unmotivated, 2) the professional worker prefers to work in short term settings, or 3) the community is indifferent in terms of support and service.

One form of withdrawal is summed up in the statement that "custodial care" is all that is possible. This term has come to mean many things. To some people it means maintaining the



U.S.-Canada Trade
Still Major Problem
front
and
center
NEW BERMUDA PRINT
BY HATHAWAY
Raleighs

patient at present levels, to others it means "do what you can." Too often it has meant keeping the resident at a level where he is the least trouble.

This, however, is not an indictment of the caretaker. The withdrawal on the part of the patient is difficult to counter and society has not given the necessary support. In fact, many professionals have shied away from service and work in long term care institutions.

A first step in avoiding custodial approaches is doing things *for* the resident rather than *with* him. Often residents are herded into the crafts room, inveigled into Bingo, shown movies, or they become captive celebrants at monthly birthday parties.

While these activities are a far cry from "custodial care" at its lowest denominator, they often are the "symptoms" of holding operations. However, they can also lead to infantilization or regression in the resident.

A careful evaluation of activity programs, based only on fun, games, and crafts developed by the activity director with little input from potential participants will reveal that many residents do not participate and that the reason is not physical or mental disability. A thorough interview with the resident may reveal that he is too depressed to do anything or that his previous life style and interests do not coincide with the existing program.

A good case in point is that of an elderly gentleman, who likes to smoke his pipe, take an occasional walk, and chew the fat with his buddies. When asked to participate in a group discussion, his answer was, "I am too busy today." Well, maybe this was a busy day for him. The sun was shining, he had plenty of pipes and tobacco, and he was talking to his cronies.

If the resident can create his own social network, his own stimulation, his own activity, he does not need special programs. A main concept of a good activity program is that it not only considers programs provided by activity staff but considers all the interactions in which the resident is involved. Thus, for example, a meal becomes more than just a source of nourishment but provides a setting for socialization, as well.

The activity program must include a conscious effort at helping each resident move towards greater fulfillment and autonomy. It must consider the resident's background and life style and his capacities and limitations. In terms of action, this may mean creating new forms of adaptation. For example, the resident may have to accept limitations but also learn new ways of enjoying life. In some instances, strong support is needed for the resident to succeed, thus he may have to be taught new skills. Frequently, the resident may have to be stimulated and oriented (to the reality of the institutional setting) or resocialized to independent functioning. There are residents who want to do "their thing," such as have their meals in their rooms. Here an institution rule requiring all those who can get to the dining room to eat there can be helpful.

Programing demands individualization in motivating and understanding each resident. Hopefully, after an inventory of social, medical, and interest factors of the resident population is obtained, the strands can be woven together to develop a tapestry not only of programs but also of a total milieu. For example, one may find several people who enjoy writing, but some may need help in writing legibly. The patient inventory may also indicate that there are people with secretarial skill. All can be involved in writing a resident's newsletter.

This newsletter could carry articles of interest to residents, giving them a chance to express themselves. It could also carry announcements of activities and staff information, thus reporting on the total institution.

Rules may have to be developed to get the withdrawn resident to participate. Frequently, the output of a newspaper group, or the individual resident's project, be it a letter to his daughter or a crafts project, may require the assistance of a staff member. This help should only go as far as truly is needed. The staff member must remember that in addition to the basic worthwhileness and attractiveness of the project, the specific uses of the project are important to the resident. The questions are: "Will the resident get experience in coping with the new demands this project places on him? Will he develop self-esteem, as well as a sense of worth and achievement?"

In the end, this individualization—meeting the specific needs and abili-

ties of each resident—is the key to successful programing. We must ask: "Will it help to break down his physical and emotional isolation? Does it have a stimulating motivating effect? Does it orient and socialize the resident to new situations? Does it give the resident new ego-strengths? Does it give him a feeling of producing and performing? Does he only get a feeling of repose, being rested, being nurtured?"

Contrary to the tendency of some staffs to over protect the patients, most experts agree that some stress is part of living and, therefore, has a positive value. Some staff believe that discussion of sex, religion, and politics is taboo. While these are areas of conflict, we have found discussion of these topics of great interest to most residents. They are, on the whole, quite knowledgeable and interested in talking about these topics.

Some of the activities may be quite simple compared to the resident's former performance. But he must learn to accept his limitations. As the Germans say: *"In der Begrenzung zeigt sich der Meister," i.e.,* "Within the limitations the master proves his expertise."

The development of a sound activity program makes demands on an institution and its staff. The following comments on some of the demands which have to be met and presents guidelines which may be followed:

- A positive outlook and joint team effort must be developed on the part of administration and staff. This requires commitment, learning, testing, and perseverance.
- Innovation in the program is a constant challenge that leads to learning and developing new programs which will meet the needs of the residents.
- Review and evaluation of each patient on a regular basis is necessary. Programing cannot be static, even with a stable population. New interests emerge as do physical weaknesses and strengths.
- The validity of a program is not related to product quality or the beauty of a program activity, but rather to its effect in combatting isolation, the development of an autonomy in daily life, and in transferring its meaningfulness to the resident.
- The development of a milieu which is rich and full enough to supply each resident with the proper resources to make his life interesting and meaningful. These resources must be easily accessible and should be attractive, real, and attainable.
- The staff (including dietary and housekeeping personnel) has a guiding, facilitating, and supporting role vis-a-vis the resident. The resident should be stimulated and motivated rather than forced into an activity. The emphasis must be on maximum autonomy and self direction. The resident should be involved in activity planning through staff-resident councils or committees.
- Activities must have variety and should represent complete life situations. Opportunities should include fun, work, service, education, contemplation, spiritual concerns, cultural and artistic pursuits, and a variety of interpersonal relations.
- Cultural and religious interests and background provide excellent program tools. Based on the backgrounds of the residents, celebrations, party foods, and events can be chosen. They may recall old memories and give a chance for adequate functioning in a comfortable setting.
- Activities should be presented in a variety of groupings. There are mass events like parties, holiday celebrations, church services, as well as use of smaller groups, *i.e.,* discussion groups, committees, newspaper groups. There is also individual work and instruction, especially for the bed-ridden patient.
- The involvement of family and community are of great importance in preventing depression and isolation. Families should be involved in the programing, as should be the community through performing groups and volunteers. The latter groups bring the community closer and also enrich the program. For the family member, participation means an opportunity to serve.

As all of us move along the road of life, we have choices to make. Some of us have a dream of doing new and different things, but we never find the time. Good, sound activity programing can provide the opportunity for the resident to do new things so that he may have new hope, be more comfortable, be stimulated, and, possibly, fulfill his former dreams.

Dr. Maier is a special consultant for NIMH.

New Emphasis on Evaluation for Services Management

MONROE BERKOWITZ, PH.D.

"There is a rehabilitation problem . . . of the inefficient in general, whether their inefficiency is due to lack of training, to poor health, or to mental, emotional, or physical lacks or abnormalities. This problem of improving the efficiency of that portion of the Nation's wage earners who have greatest difficulty in getting work and in keeping it after they have it is a major employment problem and is the basic rehabilitation problem. . . ."

These insights were offered by an economist at a meeting of the National Rehabilitation Association. They were not offered in 1973 but in 1927.[1] They are as true today as then, in spite of the fact that so much has changed in 46 years.

Apparently a number of things have not changed. The "numbers game" was being played then in a way that sounds very familiar today. In 1927, counselors were rehabilitating about 40 cases per year and demands were being made for an increase to 50 per year. Also still with us is the problem of recordkeeping. Then, as now, the Federal Government was complaining about inadequate records at the State level.

Of course, many things have changed. Forty-six years ago, for example, industrial injuries comprised more than half the case load (a fact that reminds us of the intimate historical relationship between vocational rehabilitation and workmen's compensation). The overriding change, however, is that today we can say that the vocational rehabilitation program is a success. Such a statement was not possible in 1927.

Minimum appropriations for any State today is twice the overall $1 million per year appropriated by Congress in the 1920's. And even as expenditures begin to approach the $1 billion mark, rehabilitation is only one part of a larger spectrum of social service programs. Public expenditures for social welfare programs are approaching $200 billion, and spending for both public and private social welfare comprises about 25 percent of the Gross National Product.[2]

A billion dollar ball game puts us in a different ball park! Small as it may be in terms of other national expenditures, this amount of money is not going to be spent without accountability, without knowledge of how it is spent, for what, and where. Most importantly, the questions must be answered about whether it is being spent in the most efficient fashion.

Evaluation Demands

Administrators of public vocational rehabilitation programs are being caught in a squeeze, and administrators of some private programs are perhaps already crushed by it. One fact is the rising expectations of clients: "the new awakening," "full rights for the handicapped." Harold Russell announces at the meeting of the 1973 President's Committee on Employment of the Handicapped: "We are here to make our own decisions."[3] No longer do clients seek services in obsequious fashion, but they demand them as a matter of right. Ignoring this attitude will not make it disappear. Clients are now

entitled to participate in developing the plans for their future, according to the Rehabilitation Act of 1973 (Section 102) that was signed into law in September 1973.

Increased client activism is unlike the student movement or the organization of workers for collective bargaining. What is happening is a rejection of programs and services which they feel are not germane to their main needs. They want jobs in the same sectors in which others work, and if such jobs are not available, they then want adequate income.

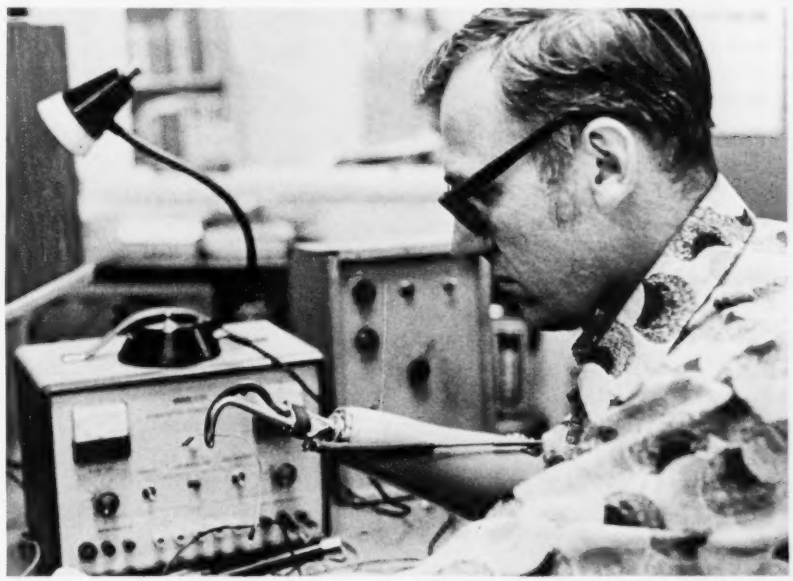
In their zeal to achieve these basic goals, clients are beginning to tear off old labels. They cannot understand the constraints under which administrators must operate, and the administrators, in turn, cannot understand their apparent stubbornness. Why won't the client recognize the difference between WIN, the welfare-rehabilitation program, and the United States training and employment service, each in its latest incarnation? Why won't the client understand that "they" can teach him English and "we" can give him an operation; "they" can tell him about good grooming, and "we" can fix his teeth? Why won't the client understand that things have always been this way, and that the rules are perfectly clear, if only one reads the administrative manuals?

Another factor plaguing administrators is something the private agencies have long had to contend with: the emergence of a new type of budgetary overseer. Administrators have long been familiar with auditors who were ready to pounce on expenditures that were not in accordance with the State plan. But now they are confronted by the evaluators, the planners, the systems analysts. These people speak a strange and fairly unsympathetic language. They are concerned about managing by objectives. They are concerned about program-planning-budgeting systems, cost effectiveness, cost analysis, and benefit-cost ratios. The most disturbing part of the new language is its use of numbers in a field where one thought numbers feared to tread.

For a while, relief can be sought from Congress. There, the validity of tried and true methods is still recognized. There, the English language, not mathematical formulae, is still spoken. Congressmen share the administrators' suspicions of the new. But for how long? The appropriations are large, the clients demanding, competitive programs vie for funds. It is only a matter of time before evaluation will become not just another bureaucratic game but a real phenomenon to be taken seriously.

Problems of Evaluation

It is most necessary that people sympathetic with the aims and objectives of vocational rehabilitation programs take the lead in developing a realistic and meaningful evaluation plan. Evaluation ideally should be concerned with the following factors:



The goals and objectives of the programs. It is vital for purposes of rational program evaluation to specify in worthwhile, measurable, and constant fashion its goals and objectives. Such specification has always been

the strength of vocational rehabilitation. It has always been its endeavor to return people to the open labor market at competitive wages. This has been its selling point. This remains its central goal. No apologies are needed.

As vocational rehabilitation expands its definition of the handicapped to be served, however, the goals and objectives must also be redefined. The desired outcome need not be return to the open labor market. It possibly may be work in a sheltered environment, or an increase in independent living capabilities. It may even be more modest when the clients are the alcoholic, the drug addict, the psychiatrically disturbed, the severely handicapped, or those with some developmental disabilities. Even for these people, there are goals which can be identified and measured. The dilemma here is that although it is possible and perhaps even desirable to operate such programs with a certain patina of ambiguity, it is not possible to evaluate with ambiguities.

The entrants into the programs. An evaluation program necessitates knowing something about the entrants, their selection from the target population, and the population at risk. Labels have to be placed, for it is impossible to administer a program without them. What must be recognized, however, are ambiguities for legislative purposes, ambiguities for purposes of administration, and the absolute necessity for specification of target population and entrants for purposes of evaluation.

A primary example is the definition of severely handicapped in the 1973 legislation (Section 7). It makes no sense to define the severely handicapped in terms of medical classifications or diagnostic conditions. Yet the political reasons for writing legislation in this manner is understandable. Rules and regulations will make the definition practical enough for administrative purposes, but if we seek to know whether the program is serving these people or if we want to discover program modifications necessary to serve them, more precise definitions are necessary.

The delivery of service. When considering this area, rehabilitation agencies have been content to cite physical restoration, guidance, training and placement, without a mention of which and how much of these services are delivered to whom. Here lies the greatest difficulty in quantification. Here lies the greatest resistance to the keeping of records. Yet, it is impossible to do any evaluation or introduce any modicum of rationality without some concrete measurement of the quantities and qualities of the services being offered. Perhaps only in this way will we be able to identify missing services and to form judgments as to the values of those services which are offered.

The outcomes. Probably more work has been done in the area of assessing outcomes than in any other. The problems and the pitfalls are known. The concept of "rehabilitated" or "not rehabilitated" (which comes under as intense criticism today as it did in 1927) has served well. But perhaps the time has now come to go beyond the simple numbers game to the complex numbers game. Perhaps it is time to explore realistically, not academically, the concept of weighted rehabilitation case closures,[4] the concept of followup for some realistic period, and the concept of measurement of improved status for those who do not return to the open, competitive labor market. With realistic measures of outcomes, we should be able to make judgments as to whether programs should expand or whether better methods of operations are possible.

Prerequisites of Evaluation

Before realistic and meaningful evaluations can be achieved, certain prerequisites must be forthcoming. Not the least among these is some assurances from those who seek rationality that their concern is truly efficiency and not the destruction of the vocational rehabilitation program. This does not mean that all attempts to amalgamate programs in some umbrella-type agencies or some other form of organization are to be resisted. They may well be appropriate in individual States and under particular circumstances. If there is any rationalization for a State-Federal program rather than just a federal program, it is to allow a diversity of methods of operations and organizations in each of the several States.

Evaluation must be based on further data about cases, treatment, and outcomes. But there is no necessity for an exhaustive list of information for each and every case which comes to

the attention of the agency. For most purposes, a scientific sampling of cases can yield sufficient intelligence for evaluation. Some experimentation may be necessary before a good sampling procedure becomes workable, but the savings in cost and staff aggravation can be significant.

It is also necessary to pay some attention to the problem of incentives, not primarily incentives for the clients, but incentives for the administrator, the supervisor, and the counselor. Here the Toscanini syndrome comes into play. The second french horn player, who is unskilled in his craft, can destroy the finest of symphony conductors. And the most junior counselor in the rehabilitation agency can ruin the finest and best evaluation design.

Evaluation requires the cooperation of all. Such cooperation will not be forthcoming without some incentives, without some recognition that if a better job is being done, it will be rewarded as such. This may mean that a lot of outmoded notions about civil service "lock step" arrangements and salary schedules will have to go. Rationality means rationality; better effort and better results should mean better reward. Incentives should extend to those who administer the program, as well as those who benefit by it. Almost no thought is at present being given to this problem.

Rehabilitationists and Evaluation

Surely there are many ways in which programs can be evaluated, and rehabilitationists should be in the forefront of those proposing them. Evaluation methods should be devised and administered by those who recognize the larger humanistic purposes of the program. Those intimately involved with rehabilitation and sympathetic to its spirit and those who have spent their lifetime in administering and perfecting it must now take the lead in evaluation efforts.

A prominent educator has thought deeply about comparable problems in his field. He has aptly pointed out that it is aims, above all, that have to be kept in mind:

"The prospect of allowing ourselves to be pressured by narrow concerns, given by casual circumstance—like our rather uncritical embrace of accountability—to set trivial goals for our . . . institutions is appalling. We desperately need, for the long range, not to preoccupy ourselves with the trivial but to shape our goals to fit our broadest perceptions of human life and to challenge our model builders to reach towards them, and to be critical of failures to reach them."[5]

It is truly possible to evaluate but not to denigrate, to be rational without being callous, to be accountable to the taxpayer without sacrificing responsibility to the handicapped. But this can be done only if goals are shaped which challenge those who build evaluation models to join in reaching towards them.

Dr. Berkowitz is Professor of Economics, Rutgers University. This article is adapted from a paper that he presented in October 1973 at the National Rehabilitation Association conference in Atlantic City, New Jersey.

Notes and References

(1) Lescohier, Don D. Paper presented at the Conference on Vocational Rehabilitation of the Disabled Civilian, Memphis, March 1927. Quoted in C. Esco Obermann. *A History of Vocational Rehabilitation in America.* Minneapolis: T. S. Denison and Co. 1965. p. 252.

(2) Skolnik, Alfred M. and Dales, Sophie R. "Social Welfare Expenditures, 1971-72." *Social Security Bulletin.* Vol. 35. December 1972. p. 2.

(3) Russell, Harold. *Performance.* President's Committee on Employment of the Handicapped. Vol. XXIV, No. 2. August 1973.

(4) For a detailed explanation of the basic methodology employed in analyzing weighted case closures, see John H. Noble, Jr., "Actuarial System for Weighting Case Closures," pp. 34-37, and Ronald Conley, "Weighted Case Closures." pp. 29-33. *Rehabilitation Record.* September-October 1973.

(5) James, H. Thomas. "Preliminary Report to the National Academy of Education's Executive Council meeting, May 6, 1973." Quoted in Harvey A. Averch, Stephen J. Carroll, Theodore S. Donaldson, Herbert J. Kiesling, and John Pincus. *How Effective is Schooling? A Critical Review and Synthesis of Research Findings. Prepared for President's Commission on School Finance.* Santa Monica, California: The Rand Corporation. 1972. p. 56.

The Administrative File

Each month the SOCIAL AND REHABILITATION RECORD will carry a listing of SRS administrative issuances for previous months. Over the course of a year, the RECORD will have presented a complete bibliography of administrative issuances for the year.

The following are the administrative issuances for the month of April 1974. (Abbreviations key: **PR**-Program Regulations; **PRG**-Program Regulations Guides; **PI**-Program Instructions; **IM**-Information Memoranda; **FSI**-Field Staff Information and Instruction Series; **AO**-Administrator's Office; **MSA**-Medical Services Administration; **APA**-Assistance Payments Administration; **CSA**-Community Services Administration; **RSA**-Rehabilitation Services Administration; **NCSS**-National Center for Social Statistics.)

When ordering reports, please specify the appropriate room number for the particular report: For NCSS reports, write NCSS Reports Clerk, Room 2620; for PR reports, write PR Reports Clerk, Room G-115B; for AO reports, write AO Reports Clerk, Room G-115B; and for all other reports, write Reports Clerk, Room 5219.

Send all requests with the appropriate room number to Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, 330 C Street S.W., Washington, D.C. 20201.

APA-PI-74-12: Hearings: Methods of Eligibility Determination (4/1/74)

APA-PI-74-13: 45 CFR 233.20 (a)(1) and (a)(3)(IX)—Income and Resources, Income Tax Withholding (4/2/74)

APA-PI-74-14: 45 CFR 233.20 (a) (3)(IV)(b)—Disregard of Educational Expenses From Loans and Grants (4/2/74)

APA-PI-74-15: Status of Needy Care Taker Relative, Spouse or Essential Person in Relation to AFDC Assistance Unit (4/2/74)

APA-PI-74-16: Consideration of Income of a Parent Nonexempt Under the WIN Program Who Refuse to Register or to Accept Employment (4/18/74)

APA-IM-74-9: *HOW THEY DO IT:* Bank Distribution Systems for Systems Payments (4/10/74)

NCSS-PI-74-22: Impact of P.L. 92-603 on Data Elements in the Revised Quarterly Statistical Report on Public Assistance Application, Cases Approved and Cases Discontinued Form SRS-NCSS-2079 (4/8/74)

NCSS-PI-74-23: Family Planning Services—Statistical Reporting, etc. (4/19/74)

AO-PR-10-2(C-5); 10-11(C-20): Probable Fraud (4/2/74)

AO-PR-40-27: Reassignment of Claims (Section 236) (4/9/74)

AO-PR-10-15(C-4): Sterilization Interim Regulation (4/18/74)

AO-IM-74-37: Withdrawal of Joint Payee Regulation (4/9/74)

RSA-PI-74-29: Description of Changes to the Case Service Report (Form SRS-RSA-300) (4/3/74)

RSA-PI-74-30: Revised Form SRS-RSA-13, VR Program Progress Report (4/11/74)

RSA-PI-74-31: OMB Approval of Revised Form SRS-RSA-200, Quarterly Status Report: Disability Insurance Program (SSDI) and Supplemental Security Income Program (SSI) (4/26/74)

RSA-IM-74-48: Vocational Rehabilitation Agency Fact Sheet Booklet Fiscal Year 1973 (4/1/74)

RSA-IM-74-49: Number of Rehabilitations: July 1 to January 31, Fiscal Years 1973 and 1974 (4/2/74)

RSA-IM-74-50: A proposed Service Delivery Program in Serving Persons with Epilepsy (4/2/74)

RSA-IM-74-51: Appropriation, Allotment and Grant Information for Fiscal Years 1974 and 1975 (4/2/74)

RSA-IM-74-52: Availability of Handicapped Assistance Loan Program of the Small Business Administration (P.L. 92-595) to Public or Private Nonprofit Sheltered Workshops (HAL-1) and to Handicapped Individuals (HAL-2) (4/4/74)

RSA-IM-74-53: Program Performance of the State Agencies—1973 Data (4/15/74)

RSA-IM-74-54: Grants for Client Assistance Projects under Section 112, Rehabilitation Act of 1973 (4/16/74)

RSA-IM-74-55: Special Projects for Handicapped Migratory Agricultural Workers and Seasonal Farm Workers: Section 304(a)(2)(c), Rehabilitation Act of 1973 (4/18/74)

RSA-IM-74-56: Grants for Special Projects and Demonstrations Under Section 304(b)(1), Rehabilitation Act of 1973 (4/19/74)

RSA-IM-74-57: SRS Research Information (4/24/74)

RSA-IM-74-58: Comprehensive Employment and Training Act of 1973 (4/29/74)

MSA-IM-74-13: Treatment in Mental Hospitals for Individuals under 21 (Section 299B of P.L. 92-603) (4/1/74)

MSA-IM-74-14: Meeting of State Medicaid Dental Consultants in Washington, D.C. (4/11/74)

MSA-PI-74-11: Early and Periodic Screening, Diagnosis, and Treatment—Child Abuse (4/3/74)

MSA-PI-74-12: Preprinted State Plan for Title XIX—Amendments relating to requirements on hearings and on application, determination of eligibility and furnishing of assistance (4/8/74)

MSA-PI-74-13: Preprinted State Plan for title XIX—Amendment to Implement Requirements of Section 236, P.L. 92-603, prohibiting reassignment of claims to benefits. Attached is a revised page 21 to be submitted to Regional Offices by June 24 (4/9/74)

MSA-PI-74-14: Preprinted State Plan for Title XIX—Amendment to Provide for Meeting Requirements Relative to Sterilization Procedures for Which Payment is Made Under Medicaid (4/18/74)

MSA-PIM-74-13: Entitlement of Patients in SNFs and ICFs for Medicaid Benefits after all assets are transferred (4/2/74)

MSA-PIM-74-14: Interpretation of Regulations: Cost Sharing in Medicaid (45 CFR 249.40)—Medically Needy Premium (4/25/74)

MSA-FSI-74-53: Contract SRS 72-68, Survey of Title XIX Long-Term Care Facilities and Patients—Distribution of Final Report (4/1/74)

MSA-FSI-74-54: Summary of Status of Implementation of EPSDT for Quarter Ending December 31, 1973 (4/1/74)

MSA-FSI-74-55: Corrections in EPSDT Program Implementation Report Form (4/4/74)

MSA-FSI-74-56: Plans for Phasing Out ICF Supplementation (4/12/74)

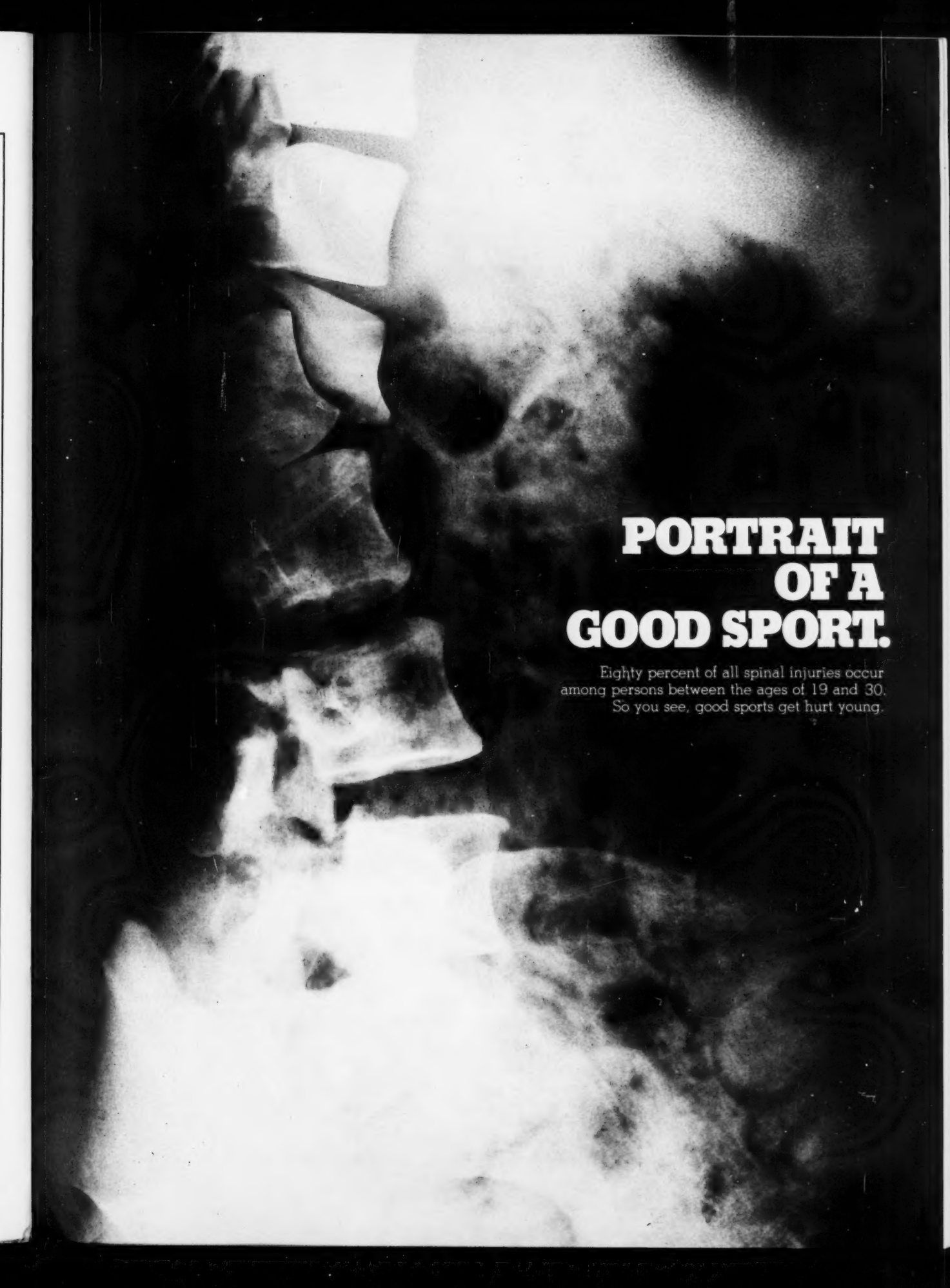
MSA-FSI-74-57: Questionnaire on Physicians' Reimbursement, Physician Participation, and Special State Practices in Cost Control (4/19/74)

MSA-FSI-74-57-A: Meeting of State Medicaid Dental Consultants in Washington, D.C. (4/22/74)

MSA-FSI-74-58: Revisions of Objective 3a of the FY 1974 MSA Objective (4/24/74)

MSA-FSI-74-59: Revision of Title XIX—Grants to States for Medical Assistance Programs, and Related Provision of P.L. 92-603, P.L. 93-66 and P.L. 93-233—Distribution of Working Document (4/24/74)

MSA-FSI-74-60: Cost Benefit Analysis of Utilization Review Techniques, Distribution of Final Report (4/30/74)


PORTRAIT
OF A
GOOD SPORT.
Eighty percent of all spinal injuries occur
among persons between the ages of 19 and 30.
So you see, good sports get hurt young.

Child Neglect: Reaching the Parent

ABRAHAM LEVINE, PH.D.

Although it has been a serious problem throughout the ages, only recently has child neglect been dealt with legally in any extensive manner. Since the mid-1960's, virtually every State and jurisdiction has legislated against both it and child abuse, but particularly the latter.

What is neglect? To some extent, it defies exact definition, but it may be regarded as the failure to provide the essentials for normal life, such as food, clothing, shelter, care and supervision, and protection from assault. The following areas are covered: physical (food, shelter, clothing), emotional (mental health), medical (diagnosis and treatment), educational (does not meet State law), moral (exposure to corrupting influence), community (does not provide adequately for children).

Although much has been written on the subject, there are no firm statistics of incidence. A survey of expert opinion places the number of neglected children at about 500,000 per year in the U.S. The maximum estimate is 2,000,000.

Child abuse, on the other hand, generally is a more dramatic condition that is mentioned here because of its relationship to neglect. It also, has poor incidence statistics. But authorities estimate that child neglect occurs between 2½ to 20 times more frequently than child abuse. Lack of reliable reporting statistics on a national scale as well as definitional problems cloud the picture in both of these conditions. A ballpark estimate used by one authority is 200,000 per year.

Treating neglect is to an extent dependent upon the ability to understand and reach the parent who is responsible. The research that is described here concentrates on this aspect of treatment. Its results are to be found in a handbook for child welfare workers that was developed through an SRS-supported research project (89-P-80055/4). Most of the material was gathered in Appalachia, using the case-study or clinical approach.

Project Findings

The types of personalities observed most frequently among neglectful mothers are the apathetic-futile, the impulse-ridden, the mentally retarded, the mother in a reactive depression, and the psychotic. Many common characteristics are shared in the first three categories listed, and this is reflected in the literature.

The majority of neglectful mothers are poor. A woman in better economic circumstances can afford a caretaker for her children. Abusers, on the other hand, while they may cluster at the lower end of the economic scale, are found in all class levels. Also, there is probably a substantial minority of parents, although not poor, who are neglectful in the psychological sense. These people are less apt to be reported.

According to Dr. Norman A. Polansky, project director, the symptoms of apathy-futility are difficult to distinguish from depression. In depression the client may express anguish, but she does have feelings. In apathy-futility, however, there is a numbness, a defense that allows her to avoid being hurt. Nothing is worthwhile and, consequently, she cannot show love or real anger. Severe apathy-futility may also easily be confused as mental retardation. Through simple conversation, however, the fact of nonretardation might be discovered. Asking the person to write a communication is also another way of establishing that retardation is not the case in point.

The apparent signs that a mother is impulsive are more clouded than those of the apathetic-futile. This woman may be completely adequate in most respects. Thus, she may prepare balanced meals for her family; if asked, she can give appropriate answers to a questionnaire about child-rearing practices.

Although she may know better, she succumbs to uncontrollable, impulsive behavior. She may "take off" on an escapade for a week or longer. Her sojourn may be either with her husband or her boyfriend. It matters little. The impulse to do is stronger than her willpower. Or she may go on a buying splurge that costs a whole month's income. Stability, then, in this case, can be tolerated, but it is not long before an impulse has her diverted in a completely different direction.

Newspaper reports of children who "just wandered away from home" or who were "burned to death while the mother was off visiting nearby" are often the result of impulsive mothers who acted on sudden impulse to leave the home without proper regard for the safety or whereabouts of her children.

The apathetic-futile and impulsive mothers are most commonly neglectful of their children. Although the feeble-minded, reactive depressive, and psychotic—generally schizophrenic—are encountered less often as neglectful parents, their symptoms are so pronounced that they are readily recognized as such by the trained social worker.

Implications for Action

Skill in handling neglectful parents takes years of learning and practice. There are some generalities, however, that can be helpful when treating cases of child neglect. Perhaps the most important is to recognize that there is no single or royal road to successful casework with these women. Often, the treatment of preference consists simply of sitting with the woman and "talking out" her problems.

The pursuit of adequacy must be a goal of anyone trying to intervene in the life-style of these mothers—the lessening of infantile behavior. But rarely does an immature client sustain progress and growth without backsliding from time to time. One must expect to treat the neglectful mother through good times and bad, until the gains are well consolidated and she functions at a "normal" level for months.

The alteration of the client's living circumstances can be influential in helping her overcome neglectful tendencies. In using this tact, however, the woman's psychological makeup may not be altered in as rapid a fashion as her material circumstances, so that backsliding is an ever present factor to contend with. Continuing support is needed until the changes in her life style have become a way of life.

In making the initial contact, the social worker should first express concern about the mother, then the child. This is an important though seemingly insignificant point. In addition, the social worker should use tact in approaching these mothers. Even so, if the mother is not apathetic, she may express anger, usually at the complainant. Do not argue, it will clear the air for her to get her feelings out in the open.

Try to open up communication. Ask her: "Do you feel we are butting into things that are none of our business?" It is not as necessary to answer an attack as it is to hear it out. A practical hint: When dealing with a childlike and manipulative person, it is a good idea not to take her more seriously than she takes herself.

An *accusation* of child neglect must be verified by the social worker because it may not in fact exist. In this case, of course, the social worker will report the facts as observed. On the other hand, the worker may determine that the mother is untreatable and as a result recommend the removal of the children. In the latter case, removal of children would be recommended as a permanent solution. Removal, however, may be recommended on a temporary basis when it is perceived that the mother's treatment will be prolonged or if the removal itself may serve as a motivation for the mother to change. A child should not be removed unless there are overriding reasons that supersede the trauma of removal.

Neglectful mothers, regardless of the psychological diagnosis, are simply immature people. This fact cannot be overstressed. Treating such people requires a willingness to get involved in what the worker might consider a "messy" life. She must be willing to bear the hostility of these women.

Dependency needs must be met. Since the women already are dependent, it may be necessary to encourage them temporarily to center this dependence on the worker. Verbal honesty and directness on both sides must be increased to achieve this involvement.

Continued on page 33.

Coordinating Human Services: A Case Study of an Interagency Network

J. KENNETH BENSON, PH.D. and JOSEPH T. KUNCE, PH.D.

Effective service delivery to the disabled and disadvantaged depends, in part, upon the nature of interagency relationships. Ideally, services should be coordinated so that a client receives all entitled benefits, regardless of where he enters the agency *network*. The forces influencing effective agency interactions in a network, however, are diverse and not clearly understood. The findings of the study[1] reported on here provide a preliminary basis for understanding interagency interactions and for formulating strategies for improving service delivery.

The implementation of various poverty programs in the 1960's challenged older, established governmental agencies. The newer agencies developed competing service-delivery programs and also demanded cooperation and changes in the established agencies.

Our research, initiated in 1969, investigated the nature of such interactions among four human service agencies located in a nine-county area of a midwestern State. The agencies were: the State Division of Vocational Rehabilitation (VR), the State Division of Welfare (W), the State Division of Employment Security (ES), and the Community Action Program (CAP).

One hundred and fifty client contact workers and their immediate supervisors and 28 central office administrators were interviewed. The interviews lasted 1 to 2 hours each and were wide-ranging. The information collected and analyzed centered upon work coordination, components of interagency equilibrium, and forces in the political-economic domain.

Work Coordination

Work coordination concerns national policy makers and State and federal program administrators. We evaluated three aspects of interagency work coordination: 1) the frequency of work-related interactions between personnel in different agencies, 2) the degree of articulation of program activities (or smooth, interdependent meshing of services) between the agencies, and 3) the degree of flexibility, in contrast to rule-bound routines, of the interactions between agency personnel.

Analyses showed that the established agencies (VR, W, and ES) generally had higher levels of coordination with each other than with the new CAP agency. Of the established agencies, the VR-W and VR-ES pairs had the highest levels of coordination. The levels for W-ES and W-CAP pairs were essentially the same, while levels for CAP-ES and CAP-VR were especially low. Figure 1 illustrates the coordination scores of the six agency pairs.

Here is a brief summary of the relationships:

■ The VR-W and VR-ES relationships showed the highest work coordination scores. Both were marked by extensive referrals in each direction and by numerous and varied contacts between client case workers. With regards to VR-W, this coordination could be attributed, in part, to the regular circulating of VR counselors through the W offices. The relationship, however, was not free of friction. W case workers were sophisticated and demanding customers of VR services and indicated some dissatisfaction with VR's slowness in

responding to referrals and with insufficient feedback regarding case disposition.

■ CAP-W showed extensive interaction but also a significant lack of program articulation. Mutual dissatisfaction with referrals handling was evident, with CAP complaining that W was rigid in following rules and procedures and that W had poor relationships with clients. W workers alleged that CAP personnel maintained poor relations with other agencies and duplicated or interfered with services of the others. Thus, the extensive interaction between CAP and W appeared to be of an exploratory variety, possibly moving toward a more effective relationship.

■ ES-W was characterized by a low rate of referrals and other interactions, with some evidence of rigidity or inflexibility in the interactions and considerable dissatisfaction with handling referrals. W workers were particularly critical of ES's failures in dealing with the poor.

■ The ES-CAP relationship was tense even with extensive interaction. The interaction appears largely to have been initiated by CAP; it was not received enthusiastically by ES. CAP personnel were particularly critical of ES relationships with clients. Many contended that ES displayed an insensitivity to and lack of commitment to the poor.

■ The VR-CAP pair was least coordinated. Data indicated little interaction between them. Each displayed comparatively little knowledge of the other. The relationship displayed minimal linkage. Neither thought the other had much of value to offer.

Summary. Levels of interagency work coordination were assessed on the basis of referrals, satisfaction, and flexibility. Findings regarding level and type of *work coordination* can be used to identify weaknesses and strengths in working relationships and to improve client services. A more complete understanding of interagency relationships, however, requires a widening inquiry into other conditions that are associated with work coordination.

Equilibrium Components

Work coordination is but one aspect of interagency relationship. Relationships may also vary in domain consensus, ideological consensus, and interorganizational evaluation. *Domain consensus* is agreement among organizations regarding the appropriate role and scope of an agency. *Ideological consensus* is agreement regarding the nature of the tasks confronted by the organizations and the appropriate approaches to those tasks. *Interorganizational evaluation* is the judgment by workers in one organization of the value of the work in another organization. An interagency relationship is equilibrated when levels of these components are high. A relationship departs from equilibrium when any component is diminished.

It was argued that there would tend to be a balance among the conditions, *e.g.,* as changes occurred in one component, comparable changes could be expected in others. Forces external to the interagency network affecting one component could cause imbalance with other conditions. For example, a high level of work coordination might be imposed by public law despite intense disagreement and tension between the agencies.

Data analysis indicated that agency pairs ranking high on one variable ranked high on the others as well. The results are shown in Figure 2. VR-W and VR-ES were the most highly equilibrated, followed closely by ES-W. CAP pairs occupied the three lowest positions. This result is not surprising, given the newness of CAP's program. Of the CAP pairs, the CAP-W relationship was the most satisfactory.

Major aspects of each relationship follow:

■ The VR-W relationship was relatively free of significant tension and disagreement. There was a high degree of mutual acceptance of domain claims. The ideological agreement was relatively high, although more diversity of view was found within W than within VR. Each agency indicated that an expansion of services and less restrictive delivery of services by the other was desirable.

■ Next highest equilibrium level was held by ES-VR, marked by a significant dissensus regarding the VR domain. Specifically, ES personnel did not concur with claims advanced by some VR respondents. VR services challenged were vocational and occupational testing, personality testing, job development, transportation to jobs, and job placement. For the most part, these services were claimed also by ES. This domain conflict was the

only major departure from a harmonious and consensual relationship.

- The ES-W pair was slightly less equilibrated than VR-W and VR-ES. The distinguishing feature here was the relatively low work coordination score. The ES-W pair had a moderate level of ideological consensus.
- The CAP-W relationship ranked fourth in overall equilibrium and was low on three of the four components. Lowest scores were in ideological consensus and effectiveness ratings. The work coordination component was relatively high.
- The CAP-W relationship ranked fourth in overall equilibrium and was low on three of the four components. Lowest scores were in ideological consensus and effectiveness ratings. The work coordination component was relatively high.
- Significant conflicts were evident in the CAP-ES relationship. Domain consensus was low because ES refused to accept CAP claims of job responsibilities. In fact, some ES workers could see no justification for CAP existence. Particular resistance was evidenced towards CAP's entry into manpower-related services. By contrast, CAP workers largely accepted ES job claims and seemed to be engaged in pressing ES into more vigorous delivery of those services. Interagency interaction, therefore, contained considerable confrontation.
- The VR-CAP relationship was characterized on all dimensions by disengagement and isolation. In addition, personnel in VR (as in ES) clashed with personnel of CAP with regard to ideologies. Here ES and VR were more favorable to individualistic solutions to problems of poverty, whereas CAP endorsed situational and societal solutions.

Summary. Four dimensions of interagency interaction were investigated, defining interagency equilibrium. The expectation that these dimensions would be positively associated with each other was sustained. In general, an agency pair high on one dimension tended to be high on the other dimensions also.

The Political Economy

Analysis to this point develops from information at the service-delivery level, *i.e.*, from client contact workers and their immediate supervisors. High-ranking administrators provide another source of information. They are influenced by a political economy legitimizing their activities and providing program authority and funds. This political-economic context restricts the levels and balance of the equilibrium components.

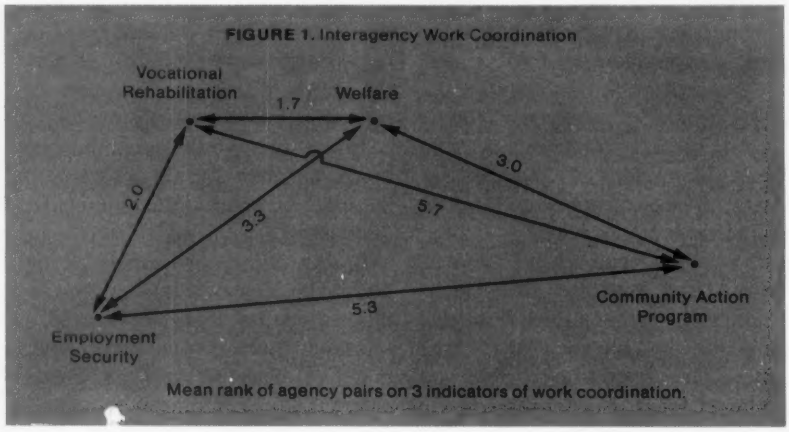
Administrator interviews identified the following concerns:

The fulfillment of program requirements. To assure resources, administrators try to enhance and preserve the effectiveness of their programs. They avoid threatening relationships; they exert pressures on other agencies' practices that threaten such activities. They join cooperative ventures that enhance their effectiveness.

The maintenance of a clear domain of high social importance. Claims to an adequate supply of resources is strengthened by an unchallenged claim to highly valued activities. Thus, they defend their domain from competitive claims from other agencies and from practices that devaluate their agency's domain. Consequently, they exert pressure to force some agencies out of certain activity and to subordinate others to protect their domain against encroachment. Many other administrative strategies can be explained from this perspective.

The maintenance of orderly, reliable patterns for resource flow. Ad-

FIGURE 1. Interagency Work Coordination



ministrators prefer that the resource network operate in a predictable, dependable way. This stability assures a continuing, adequate supply of resources. Disruptions or alterations introduce uncertainty. Thus they try to eliminate or prevent alterations of resource channels; and they resist cooperative relations that tend to encourage such alterations.

The advancement and defense of agency philosophy and practice. The administrators are committed to their agency's approach to their responsibilities and tasks. This includes specific definitions of problems to be addressed and prescribed techniques to be employed. Therefore, when one agency joins another, each tends to impose its policies and practices as the price of cooperation. Compromise is difficult since an agency's supply of resources is based, in part, upon commitments to doing things in a specific way.

Although these concerns help interpret administrator actions, they must be viewed in a larger context. Some other features of the political economy were identified as resource channels, political alignments, and resource levels.

Resource channels. Funding sources' priorities and philosophies influence recipient agencies. For example, manpower training funds channeled through a CAP agency may yield different outcomes than they would through ES channels, since a State ES program would be subject to different contraints. The conditions imposed for funding and the criteria for evaluating would be quite different. Thus, programs are shaped to some degree at higher levels.

Political alignments. Policies and priorities implemented depend upon the balance of power among various pressure groups, lobbies, political parties, and officials. New programs requiring changes in agency domains and technologies and in interagency relationships often result from balance of power changes. For example, the War on Poverty resulted in significant changes in programs and interactions, even among established agencies. And, the allocation of new funds and program emphases clearly rested upon a new political base in which the preferences and priorities of liberal academic reformers, civil rights activists, and liberal politicians carried considerable weight. As this political base eroded, some of the newer programs were curtailed, some modified, and others eliminated completely.

Resource levels. Types of activities vary according to the amount of incoming resources. Low priority activities and interactions may be undertaken in time of abundance and discontinued when resources become scarce. Thus, forces in the larger political economy control network activities partly through manipulation of resource levels.

Summary. Forces external to the caseworker and immediate superiors profoundly influence their providing effectively coordinated services. Administrative decisions are influenced and constrained by the larger political economy that affects program priorities and resource levels. Administrators respond to such constraints and influences partly because of a commitment to defend and to extend their programs and distinctive strategies.

Strategies for Network Change

From our investigation, we were able to identify five strategies that can modify interagency relationships.

Alteration of equilibrium components. Efforts to increase work co-

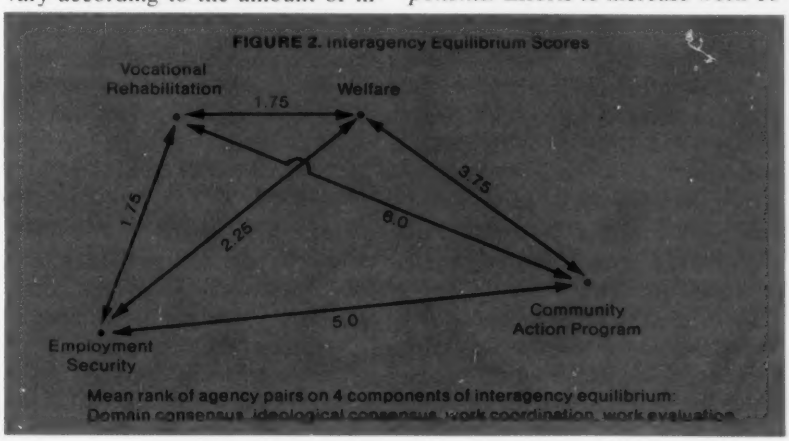


FIGURE 2. Interagency Equilibrium Scores

operation are more likely to succeed if other equilibrium components are enhanced—domain consensus, ideological consensus, and interagency evaluation. Without such a broad-gauge approach, efforts to promote cooperation may result only in increased misunderstanding and tensions. Outcomes of this strategy are limited to the extent that domain concerns and ideological commitments are deeply rooted. In some instances, forced coordination by law, bureau policy, or by contracts may be desirable. Such forced coordination often must be supported by sanctions sufficient to overcome resistance stemming from other equilibrium components. Among the more salient sanctions here are threats to the resource-procuring capacities of agencies.

Negotiation and exchange. Many problems can be reduced or resolved through negotiation. Negotiated agreements typically involve "trade-offs." They may be formal or informal, official or unofficial. For example, two agencies may agree to refer clients to each other more carefully and with greater sophistication in order to avoid the problems occasioned by unwise or ill-conceived cross-referrals. A different type of agreement may come about when one agency agrees to new client approaches if the other stops providing competitive services.

Disruption and confrontation. These tactics can set the stage for negotiation and exchange. They are employed to compel target agencies to change programs or alter relationships. Strategies may include mass public demonstrations, performance of competitive services, and referral of massive numbers of potential clients to "clog" the system.

Alteration of resource channels. Altering resource flow is a major strategy for modifying service delivery. With regard to the improvement of interagency relationships in a network, the alteration of resource channels is employed most effectively by relatively powerful offices or bureaus at high levels in the political-economic system.

Alteration of power concentration. This strategy may be the most important. It also is the most difficult one to use. Realigning political forces that act upon a resource-distributing system substantially changes program commitments and interagency connections. For example, federal implementation of the principle of "participation of the poor" evolved from a new balance of political forces in the Congress. Subsequently, the incorporation of new groups into positions of influence over federal programs caused many older, established agencies to become responsive (at least minimally) to different priorities and problem definitions.

Conclusions

Work coordination is a complex matter. Its complexity stems from its connection to many critical features of agency and network organization. For example, the degree of work coordination is closely linked to that of interagency domain consensus, ideological consensus, and interagency evaluation. Furthermore, these factors are linked, in turn, to the positions of the various agencies in the larger political economy. The political economy controls key resources (money and authority) required by the agency and, therefore, limits the capacities of agencies to develop viable, harmonious working relations.

We conclude with two cautionary notes. First, the interactions in interagency networks are not subject to a high degree of rational manipulation and control. Activities in an interagency network are affected by resource channels and power alignments that depend, in part, upon the larger political system that expresses societal conflicts and tensions. Stability in the alignment of political forces may produce stability in interagency relationships. By the same token, political realignment may bring reorganization of such relationships. The ability of program administrators to "buck" these larger trends may be quite limited. Similarly, the ability of a program analyst or social scientist to lay out a set of factors influencing networks does not necessarily convey the capacity for reconstruction. Thus, we must be careful not to overestimate our capacities as change-agents.

Finally, although harmonious interagency relationships appear to be an ultimate goal, one should not assume that it would always be desirable. On the contrary, conflict is sometimes necessary to change agency activities and to make them responsive to new conceptions of social responsibility. Some tension between agencies may

serve as a needed mechanism for countering pathologies accruing from prolonged bureaucratization. In a society where large bureaucracies have an increasingly prominent role, accountability and responsibility of partially autonomous agencies to each other may be an important way of assuring responsiveness to the public interest. Agencies that cannot be challenged by other organizations are likely to become unresponsive to public needs.

Dr. Benson is Associate Professor of Sociology and Dr. Kunce is Professor of Education and Director of Rehabilitation Research, University of Missouri—Columbia.

Note

1) For details of the complete study see: Benson, J.K., Kunce, J.T., Thompson, C.A., and Allen, D.L. *Coordinating human services.* Columbia, Mo: University of Missouri, Regional Rehabilitation Research Institute, Research Series #6, 1973. 151 pp. Copies are available upon request at: Rehabilitation Research Institute, University of Missouri, 223 South Fifth Street, Columbia, Mo. 65201.

CHILD NEGLECT

Continued from page 27.

Other factors, particularly family planning, are also important, as well as home management and proper budgeting. However, the psychological part of the picture requires the most effort, and it is emphasized.

Implications For Research

The development of valid early warning signals is an area in which research is needed. For example, mothers who receive poor prenatal care are known to be among the "population at risk." Many more variables must be identified. A known source of these valid warning signals is locked in the minds of experts who deal with child neglect. Therefore, a "brainstorming" session with assemblies of these experts might yield much useful information.

The prevention of child abuse and neglect is an area in which information is inadequate. Plans call for the undertaking of a research project to test the effectiveness of specific services designed to prevent neglect or abuse resulting from conditions which have been identified as "early warning signals." This research will also utilize the results of a survey of expert opinion regarding early warning signals.

Based on its findings, the researchers expect the following to be developed: 1) a consensus of most likely symptoms of potential child abuse and neglect, 2) a testing of these assumptions, and 3) findings on treatment measures to prevent abuse and neglect. Service models will be developed and States and local agencies will be encouraged to provide preventive services based on these guidelines. Where research is concerned, it is important to consider both abuse and neglect. Care must be exercised in differentiating between the two.

Since legislation has been effected against child abuse and neglect throughout the U.S., the next logical step to be undertaken is prevention before the fact and treatment after the fact.

Cost-Benefits

According to estimates, the taxpayer pays about five times more to maintain foster care than it would cost for natural family care in a low-budget home. There are no reliable cost data available for supportive services directed at keeping the natural family intact. But the costs are presumably much lower than those for foster care. At any rate, this is an area which bears investigation since foster care costs are in excess of $600,000,000 nationwide and much of it can be saved if child neglect were better detected and treated.

Dr. Levine is responsible for child welfare research and demonstrations in SRS. This paper is based on a handbook developed for social workers. The handbook was developed in an SRS-supported research and demonstration project. It is entitled, *Child Neglect: Understanding and Reaching the Patient,* and it is available at $3.50 per copy from: Child Welfare League of America, Inc., 67 Irving Place, New York, New York 10003. (The authors are Norman A. Polansky, Christine De Saix, and Shoma A. Sharlen. Much of the theory may be found in *Roots of Futility* by Dr. Polansky, *et. al.*)

Publications and Films

The Editors of the SOCIAL AND REHABILITATION RECORD regularly receive notification of the release of new publications and films of interest to readers.

Each issue of the RECORD will carry a selected list of these publications and films with brief descriptions of their contents.

Please address all inquiries and requests to the addresses given in this listing.

Films

The following are available on a free loan basis from the National Audio-Visual Center, Suitland, Md. 20409:

FOUNTAIN HOUSE (1972) 10 min. 16 mm. Color. Sound. This filmograph follows the concept of the halfway house for the recently discharged mental patient in New York. An important feature is the new and innovative use of transitional employment concept. Featured also, are the results of an SRS-sponsored study which calculated relapse rates between Fountain House members, a control group, and people receiving regular community services just after discharge from a mental institution.

ISLANDS OF UNDERSTANDING (1972) 30 min. Color. Sound. 16 mm. This film features results of SRS international programs in Yugoslavia, Israel, and India. Projects featured are: Mental health halfway house in Israel, sports and the handicapped (Israel); immediate post-operative prosthetic fitting (India); alcohol rehabilitation (Yugoslavia); stress and mental disorders of college students (Yugoslavia); and rehabilitation and corrective surgery (Uganda). This film placed 6th out of 60 entries in international competition in Sydney, Australia in 1972.

HOME FOR SUPPER (1973) 16 mm. Color. Sound. Features the concept of the Day Hospital in the treatment of geriatric patients. The idea of the Day Hospital is to present an alternative to institutionalization for those people who could remain in a home environment but still require hospital services. The Burk Rehabilitation Center, White Plains, New York is the setting.

ORDINARY WORK (1969) An International Award winning film which features group sports as training for the mentally handicapped to do productive work. Filmed in Israel, it offers a step by step program of training and testing in order that the MR client may eventually work in the orange fields doing productive work for a fair wage.

EARLY DETECTION AND PREDICTION OF EPILEPTIC SEIZURES (1972) 25 min. 16 mm. Color. Sound. Features the 20-year study to develop a patient early warning detection system for epileptics. The research was carried out through the cooperation of McDonnell Douglas, SRS, the Unversity of California, and the Veterans Administration. An important part of this research is the pattern recognition procedure incorporated in the development of a prototype subject warning detection system.

CUBA CHECKERBOARD (1973) 12 min. 16 mm. Color. Sound. Filmograph features the setting up and operation of field health clinics in a remote section of New Mexico. A special feature of this project is the community involvement in the operation of an emergency medical network for the transporting of trauma cases to distant hospitals.

HEALTH CARE OUTREACH (1972) 10 min. Color. Sound. Filmograph features the training and operations of a health outreach team in a ghetto area. Featured is the concept of training innercity welfare recipients as outreach workers. The film was made in the model city area of Richmond, California.

ON LOK (1974) 20 min. Color. Sound. 16 mm. This motion picture traces the development of a day care center for Chinese adults and other minorities in Chinatown, San Francisco. The film explains historical problems of fear and resentment of elderly Chinese to hospitals and nursing homes. A comprehensive health planning approach in the day care center and the training of outreach workers are highlights of this film.

FOSTER HOMES FOR ADULTS (1973) 12 min. Color. Sound. 16 mm. Produced by the State of Washington, this film follows the setting up and implementation of community foster homes for adults in Washington. An important feature is the cooperation of State and local community organizations in the development of the foster home concept.

HOME BOUND (1974) 10 min. Color. Sound. 16 mm. Filmograph traces an innovative and highly successful training project using sophisticated modern data transmission hardware and state of the art business equipment allowing homebound handicapped individuals to do productive work. The project is part of the research and training of the George Washington University Medical Center.

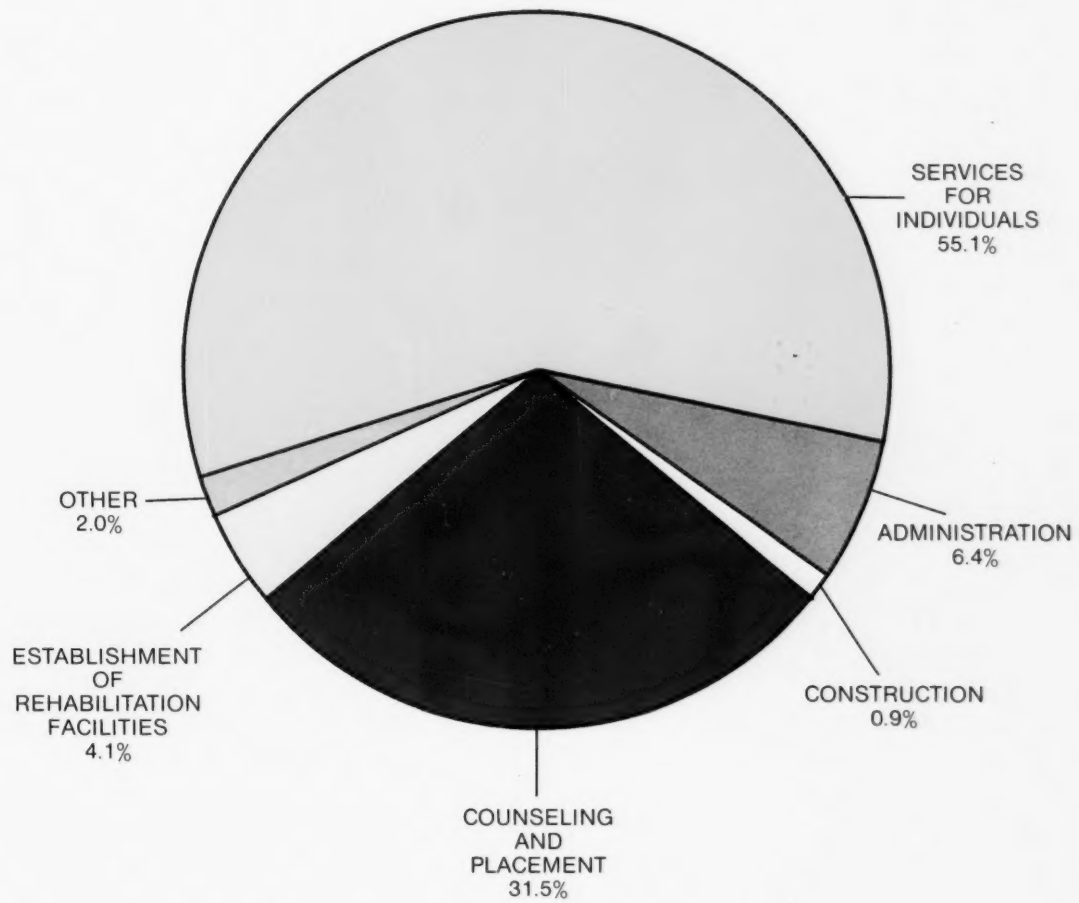
DARK SILENCE (1974) 10 min. Color. Sound. 16 mm. Filmograph. It reports on the research programs of the National Center for Deaf-Blind Youths and Adults in New Hyde Park, New York. Featured also are new communications hardware.

ELWYN (1973) 10 min. Color. Sound. 16 mm. Filmograph. It features a highly successful project in the deinstitutionalization of long-term institutionalized mentally retarded at Elwyn Institute, Elwyn, Pa. The film traces the steps necessary to help the MR patient readjust to community living. The use of job placement and a halfway house is a highlight of this film.

GROUP HOMES (1974) 12. min. Color. Sound. 16 mm. Filmograph. Features the results of a national survey of MR institutions, nursing homes, halfway houses and other services for the deinstitutionalization of MR patients. Also featured is the implementation of this survey in Oregon and Washington States where the group home for the MR is successfully operated.

PLACEMENT PROCEDURES 20 min. Videotape in Sony, compatible ½ format, featuring two very innovative placement procedures for Public Assistance/Vocational Rehabilitation recipients in Columbus and Portsmith, Ohio. The videotape is available from any of the HEW/SRS Regional Offices.

How the Rehabilitation Dollar was spent in 1973.



The Vocational Rehabilitation Program is jointly funded and administered by the State and Federal governments. It is one of the oldest Federal-State grant-in-aid programs in existence today. It was initiated in 1920. Over the past 53 years, the program has seen tremendous growth and change. The strong support received from the Federal and State governments and the community has enabled this program to grow from a federal appropriation of $285,000 in 1920 to $589,000,000* in Fiscal Year 1973. Actual expenditures of federal and State funds for Fiscal Year 1973 amounted to $729,000,000. Pictorially displayed on this page is the division of the rehabilitation dollar.

*Amount is for basic support and does not include research, training, construction, project grants, and Beneficiary Rehabilitation Program (Trust Funds).

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Washington, D.C. 20201

Official Business

Postage and Fees Paid
U.S. DEPARTMENT OF H.E.W.
HEW-392

FIRST CLASS

Record
Child Neglect · Cooperative Training · Quality Control · New Books · Research & Demonstrations · Careers · Coordinating Human Services · Sound Activity Program

Keep Up With the Field

Make sure you obtain your copy of the Social and Rehabilitation Record. Fill out a subscription form or pass this along to a colleague.

Subscription form for The Social and Rehabilitation Record

NAME—FIRST, LAST					
ORGANIZATION					
ADDRESS					
CITY		STATE		ZIP CODE	REG.

Subscription Rate:
$6.40 a year
($8.00 foreign)
Single copy .85¢

Send check, payable to SUPERINTENDENT OF DOCUMENTS
to the U.S. Government Printing Office, Washington, D.C. 20402

Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1/Number 7/July-August 1974

Social and Rehabilitation Service UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Volume 1/Number 7/July-August 1974